University of Alberta

Caring Matters: Working, Relating, and Well-Being in a Caregiving Organization

by

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ABSTRACT

In this research, I situate the study of well-being alongside other works that explore the humane dimensions of organizing. I explore the linkages between well-being and relationships with co-workers through an interpretive, ethnographic study of a rural hospital and care centre (the VHCC), seeking to answer two questions: i.) *How do members of a caregiving organization produce well-being in their day-to-day interactions and relationships with one another?;* and, ii.) *How do caregiving organizations support interactions and relationships that produce well-being?*

Findings reveal that well-being, for VHCC members, is primarily an affective experience based on global appraisals of one's life (feeling successful and that one is 'doing okay'; feeling happy with oneself and one's work, for example), and more specific feelings of being accepted for who one is, and making a difference in other peoples' lives. These feelings of well-being are produced dialogically as members relate with others in ways that are mutually affirming and caring.

The VHCC exhibits an abundance of caring relationships which combined, constitute a *caring relational landscape*: a dynamic matrix of mutually affirming and supportive patterns of relating characterized by the enactment of a genuine concern for the well-being of others. In a mutually reinforcing dynamic, the caring relational landscape is simultaneously constituted by, and supportive of, dyadic patterns of relating that produce well-being.

Beyond this, processes of joint action perpetuate the caring nature of the relational landscape. Collectively, VHCC members create its caring nature by enacting core principles (serving, being equal, working together as a team; and treating people well –

respecting, supporting, and enjoying each other). Members sustain the caring nature of the relational landscape by navigating differences and tensions (delimiting caring; vigilantly monitoring the relational landscape and containing degenerative dynamics; fighting fairly; and, navigating dialectical tensions).

The study makes two significant contributions to organization theory. First, it reveals well-being to be an inherently relational process and explicates dynamics through which well-being is *produced*, rather than harmed, in organizational settings. Second, it elucidates organization-wide dynamics through which positive relationships in organizations are created and sustained.

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My heartfelt appreciation goes also to all the members of the Valleytown Hospital and Care Centre who have offered their own precious gifts – who, each day, receive care seekers with warmth, grace, and compassion, (and humour, too); and who so freely opened their doors and their lives to me, earnestly sharing their experiences, ideas, opinions, and insights. This has been an experience I shall treasure, always. It is my sincere hope that I can do justice to what you have taught me.

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CHAPTER 1. MAPPING THE JOURNEY

The Valleytown Hospital and Care Centre (VHCC)[1] *Bed Project began in April, 2003 with the goal of raising $300,000 to purchase 98 new hospital beds. Twenty months later, and two months sooner than anticipated, the goal is achieved – no small feat for this rural facility which houses twenty acute care beds and eighty-five continuing care beds. The new beds have made life more comfortable for patients and residents, and have reduced physical strains on the staff. Today, it is time to celebrate this achievement and give thanks to the community. The "Bed Project Celebration" is important to VHCC members and their dedication to making it a success is obvious. The community has given generously and so it is essential to make this a 'gala event'. A thank-you in the local paper would definitely not suffice, I am told. Planning a gala event on a shoestring budget requires creativity and collaborative effort, but VHCC members are definitely up to the challenge!*

In the weeks prior to the event, the housekeeping staff have worked extra hard to shampoo, dust, polish, and buff. The place sparkles. Despite frustrating complications and obstacles, 900 invitations have been sent out; a new wall plaque (built by a staff member) with every donor's name is ready to unveil, and specially made commemorative plates have been attached to each new bed. On the morning of the celebration, people step out of their usual routines and duties, roll up their sleeves, and do whatever needs to be done to ensure the place is ready to receive its guests in the early afternoon. There are the usual 'kerfüffles' of organizing such an event – arguments about the best way to arrange the tables, and confusion about 'who is doing what'. And yet, there is such harmonious interdependence of people from all parts of the facility. Amazing! Housekeeping staff do their final touches and also inflate hundreds of helium balloons. Managers from various departments, administrative assistants, and maintenance workers set up and decorate tables. Lunch for the Care Centre residents is held early so the dining area can be used for the celebration. This simple change in schedule throws the kitchen staff's regular routine awry. So, while they attend to other duties, managers, assistants and volunteers clean tables, scrape plates, sweep and wash the floor, and reset the tables with fancy cloths and centre pieces. At 1:30, fifteen staff and managers from all parts of the facility become 'tour guides' and receive instructions from the Site Leader about giving facility tours so community members can see the bed(s) they've donated.

By 2:00 the facility is flooded with community members. The Site Leader welcomes them and speaks warmly about the importance of this celebration. She tells the guests how grateful the VHCC members are for the community's generous contributions. She mentions the "special donations" – a child who

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[1] A pseudonym. All names of VHCC members and care seekers mentioned within this dissertation are pseudonyms.

gave his allowance, and a Grade Two class that raised money: "This is the greatest gift of the Bed Project – that we have shown these children the importance of caring for and giving to their community". A fragile-looking, meticulously groomed, and elegantly dressed resident speaks endearingly from her wheelchair, telling of the difference her new bed has made. Now in the mornings, she can raise up the head of her bed by herself to look out her window and see what the day will be like. The Care Centre manager looks on through tears. The mayor speaks glowingly of the project, the facility, and the generosity of the community. Two politicians follow suit. The formal piece over, community members wander off with the tour guides to find 'their' beds.

I am one of the guides. Invariably, the guests tell me of their great respect for the people who work in this facility – they care a lot about their work and the people they serve – they are special people. The guests eventually branch off, recognizing residents' names and stopping in to visit their old friends and neighbours. Even those who are bedridden benefit from the day's events. A board member mistakes me for a staff person and says, "Well, you've all managed to pull off another great accomplishment - again!".

Later, when I share my observations about the event with the Site Leader, she summarizes: "What you saw today was people caring for each other. The staff care for each other. You saw them working together no matter what their job description because they care about each other and they care about this place. You saw the staff caring for the residents and for the community. You saw the community caring for the staff and the facility and for their friends and neighbours who live here now."

The celebration helps me begin to understand the genesis of well-being through working in the VHCC – specifically, why it is that so many VHCC members have told me they love their jobs and that the VHCC is a great place to work. This facility is characterized by a web of caring relationships that weave together many different people and departments and functions into what they often refer to as a family. These caring relationships transform boundaries between staff and managers, between various departments, and between the facility and the community into interfaces that bring people together rather than segregate them. The result is a sense of "we-ness", a spirit of collaboration and joy in the doing of meaningful work together – important ingredients of well-being, I suspect.

There seems to be a deep connection between well-being, caring relationships with co-workers, and doing meaningful work, the effects of which ripple out to the community. In this environment, workers tell me they feel cared about and cared for, and they pass this on through the excellent care they give to the residents. The residents return this care in some measure to the workers, who find satisfaction in doing this work that matters deeply to them. Family and friends of the residents see this caring and become invested in the well-being

> *and sustainability of the facility. Politicians see this community investment and consider it in making decisions. In the case of Valleytown, community investment in the Bed Project may have influenced a government decision to replace the VHCC's old and deteriorating hospital – a significant decision in light of their policy not to build more rural hospitals. And so the goodwill generated inside the facility ripples out to the community and back again, reinforcing for VHCC members the meaningfulness of their work and the sense that this is a great place to work. The seeds of caring relationships sown by VHCC members continually yield fruits beyond their imagining.*
>
> (Adapted from field notes, December 3, 2004)

……………………………

The "Bed Project Celebration" depicted above exemplifies the everyday collaboration and caring that occurs among members of the Valleytown Hospital and Care Centre (VHCC) as they carry out their work together. I had come to this place to understand its reputation as a 'great place to work' and as a place where well-being among members seemed to be flourishing. Participation in this celebratory event provided early insights into the genesis of both phenomena. As the Site Leader had pointed out, on that day, I had seen people caring for one another.

Ongoing observation and inquiry further revealed the power of mutually affirming interactions and caring relationships among VHCC members to nurture their well-being. Beyond these dyadic interactions, a much broader, organization-wide set of dynamics creates and sustains the "fertile ground" (Dutton & Heaphy, 2003) in which these mutually affirming interactions and caring relationships are germinated, blossom, and bear the fruits of well-being. In contrast with many other caregiving organizations (Kahn, 2005; 1998; 1993), caring relationships and well-being flourish here.

I had arrived at the VHCC three months prior to the "Bed Project Celebration" with an inkling of the importance of relationships among co-workers, but immersion in the everyday life of this facility spurred reflection on my past experiences, yielding new and deeper insights. The impact of relationships with co-workers on well-being is not well articulated within organization studies, and as such, I briefly present some of these insights here. In so doing, I surface some of the inspirational resources (Locke, Golden-Biddle & Feldman, 2004) which inform my inquiry.

To my academic work, I bring the experience of twenty-some years as a front line worker in the health system, first as a registered nurse, then later as a health promotion/community development researcher and team leader. In those many years, relationships with co-workers and managers figured centrally – sometimes as sources of joy, meaning, growth and learning, and at other times as toxic, energy depleting sources of frustration and despair. Always, the nature of the relationships I shared with others impacted my own sense of well-being.

I worked in many different settings. There were life-giving and life-draining aspects in all of them, but some were more life-giving than others and some were incredibly toxic. The social fabric of the work environment was always a determining factor in the life-giving to life-draining ratio. Whether times were good or bad, relationships with close colleagues sustained me. In the good times, when the work was going well and we were having fun, we soared together. In times of adversity, we talked – a lot. We talked about our joys and our struggles in the work. We problem-solved. If we couldn't solve a problem head-on, we'd find some other way around it. In our conversations we made sense of what was happening in our work environments – sometimes simply and naively blaming someone else, sometimes reflecting upon and accepting responsibility for our own contributions. Often we were frustrated by 'bigger problems' within the system that made our efforts futile. But in any case, these conversations and the relationships that grew through them sustained our deep-seated belief in the purpose and importance of our work. They fortified us by providing mutual support, helped us make sense of what was going on in ways that preserved our dignity, and gave us courage to forge ahead. These relationships allowed me to retain and grow a sense of well-being, a trust that I was doing 'okay', and affirmation that there was purpose and meaning in my work. The support and camaraderie that grew out of these relationships led to feelings of joy and comfort, and above all, a sense of belonging, of purpose, and of self-expression. At a broader level, I believe that in this way, we co-generated a sense a well-being among us. There was something that transcended us as individuals, although that 'something' was nebulous and illusive, and was more felt than seen by the eye.

My experiences in the trenches fueled my interest in finding ways to create work environments that truly nurture the well-being of those who inhabit them. Most particularly, I am interested in caregivers[2] (a distinction that for me now includes not only direct caregivers such as nurses and physiotherapists, but all those who touch care seekers – laboratory technicians, housekeeping staff, unit clerks, kitchen workers, for example, and all the support workers and managers who enable caregiving to occur), who invest so much of themselves in their work. I have seen many wonderful, gifted, compassionate, expert practitioners wind up on stress leaves, resign, or simply withdraw and 'just do their job' in response to toxic work relationships, well-intentioned management practices that devalued workers, and/or organizing practices that interfered with their ability to do the work to their own high standards.

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[2] When I use the term "caregiver" in this document, I am referring essentially to all members employed by a caregiving organization who touch care seekers in one way or another. I did not study physicians in this research; as such, they are not included under the term "caregiver".

In this regard, the VHCC is an outlier. I have never encountered a work environment so caring, vibrant, and energizing. Corroborating this observation is a growing body of research which reveals two crises facing today's health service systems that impact the well-being of their workers. The first is a human crisis. The second is a humane or moral crisis involving the erosion of authentic *caring* by mounting economic and technical-rational pressures.

The human crisis begins with a shortage of health personnel, particularly nursing staff - a situation that is expected to escalate in the next five to ten years as baby boomer staff begin to retire. More people are exiting the field – leaving the country for more secure or lucrative positions, or finding work in other fields - and fewer people are entering, creating an anticipated deficit of between 60,000 and 113,000 nurses by 2011 (Canadian Nursing Advisory Council, (CNAC), 2002). The situation is exacerbated (and in part, created by) alarming rates of illness, injury, and burnout among health professionals who have been found to be least likely to describe their work environments as "healthy", compared to all other occupational groups in Canada. In a recent national study, these people also reported the lowest levels of work satisfaction and had the lowest scores of trust, commitment, communication, and influence in relationships with their employers (Lowe and Schellenberg, 2001, cited in Koehoorn, Lowe, Rondeau, Schellenberg & Wagar, 2002: 13). Other research supports these findings. For example, the rate of absenteeism due to illness, burnout, and disability for nurses in Canada is 80% higher than the national average, meaning that on any given week, more than 7.4% (13,000) of Canada's registered nurses are absent from work. Over the course of a year, this amounts to the equivalent of 9,000 full time nursing positions (Canadian Labour and Business Centre, 2001[3], cited in CNAC, 2002: 14).

Clearly these statistics indicate serious pathology not within individuals, but rather within the systems that employ them. Nursing and policy researchers attribute the poor health of health workers to constant change, heavy workloads, rising acuity, intensity, and complexity of patient care, and the erosion of nursing leadership (CNAC, 2002). No matter the cause, one cannot miss the irony here – in a system originally based on care and healing, the healers may be the ones most in need of that caring and healing. Policy research in this regard emphasizes the economic burden of illness and absenteeism but neglects its toll on the lives of workers which ripples out to their families and the communities in which they live. Given that health organizations employ one in ten workers in Canada (Canadian Institute for Health Information, 2001), we can begin to appreciate the extensive social impact of the 'human crisis' in health organizations.

The second and equally, if not more compelling, crisis in health organizations has a decidedly moral grounding. This is a crisis of that which is 'humane'. Fraught with continual pressure to provide more and safer treatment using fewer resources, genuine caring and the mandate of healing - the moral ground upon which human service organizations rest – is eroding, losing ground to the persuasions of economic and technical rationality. This is a situation which sociologist Arthur Frank (2004) and some bio-ethicists refer to as the demoralization of medical care.

Frank (2004) laments the loss of "generosity" – the grace to "be a good host", to welcome and console those who suffer – in today's health organizations. To console those who are suffering is a gift offered without expectation of reciprocity – it is an act of generosity. Generosity, he notes, "begins with welcoming – a hospitality that offers whatever the host has that would meet the need of the guest…to guests who suffer, the host's welcome is an initial promise of consolation" (2004: 2). Many caregivers find their own rewards in simply *being* someone who offers consolation – of offering such hospitality. Beyond the technical expertise of health workers and the accomplishment of their myriad and increasingly technical tasks, the soul of caregiving organizations rests in the capacity of caregivers to be a 'healing presence' for those who seek their services. More broadly, the extent of generosity in health organizations is an indicator of the extent of caring and generosity in society, and all too often today, that generosity is lacking. As he notes,

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[3] These statistics were drawn from Statistics Canada's Labour Force Survey, 2001.

> Medical care both sets and reflects standards for caring relationships between individuals in society. By this overused word *care,* I mean an occasion when people discover what each can be in relationship with the other. Too many people in medical settings, patients and staff both, are isolated from one another even as they work, suffer, and hope in the most intimate synchrony (Frank, 2004: 4).

Frank is not alone in his lamentations. An edited book titled, "The Crisis of Care" (Phillips & Benner, 1994) contains numerous narratives and commentaries reciting the power of caring and generosity and, at the same time, decrying the marginalization of these humane dimensions by economic pressures. In the introductory chapter, for example, Phillips (1994: 1) describes the "crisis of care": that while "caregivers are rewarded for efficiency, technical skill and measurable results, their concern, attentiveness and human engagement go unnoticed". The privileging of bureaucratic people-processing systems leads to the diminishment and banalization of un-quantifiable caring practices. As a result, care seekers feel depersonalized and devalued. Phillips makes a heartfelt appeal for a refocusing on the importance and power of caring:

> In our efforts to simplify, codify, categorize, control, explain, and diagnose, we fail to understand and care for each other. Instead of meeting obligations to free and restore the human soul, we seek the power to manipulate. As dependable servants of a growing democracy, we place our faith in rationality, procedural justice, technology, efficiency, productivity, and profitability. Ethically significant capacities and practices, like those that allow us to care and respond to care, have been eclipsed. In order to develop systems that process the masses fairly, we have lost touch with the fact that our abstract systems depend on qualities of persons and relationships that elude quantification and codification. These qualities deserve respect, even reverence; the systems we construct to help us order the world cannot survive without the soul breathing life into them (1994: 2-3).

While these authors focus on demoralization of care from the perspective of care seekers, I argue that such demoralization is *preceded* by demoralization of health workers (caregivers) who are caught between their desire to be caring, hospitable and generous, and countervailing economic pressures that trivialize and depreciate caring, instead emphasizing and rewarding efficiency. When opportunities to care are denied to those who have an intrinsic desire to help others – to be a good host, as Frank (2004) would say - a potential source of well-being is lost. For so many caregivers, caring for others is their way of making a difference, of contributing to something greater than oneself – it is an integral fibre of their own well-being. Devaluing of this moral fibre demoralizes those whose identity is bound up in the ability to genuinely care for others.

Similarly, growing bureaucracies focused on processing people not only depersonalize care seekers, but also staff, converting them to faceless resources and denying their dignity as unique individuals (Hodson, 2001). Kahn (1998), for example, has documented workers' feelings of resignation, sadness, emptiness, and demoralization resulting from a lack of support from management. Such demoralization saps emotional reserves for caregiving, which attenuates the capacity to care, and leads to 'hardening' and distancing from one's work, thereby fueling degenerative spirals that increasingly impair caregivers' sense of well-being. As Borgmann (1984: 59-75, cited in Benner & Gordon, 1996: 52) has noted, "the rule of instrumentality…allows us to take possession of things and to overpower them. But in the process, we extinguish the life of things and lose touch with them".

My aim here is not to paint the health system as bleak and hopeless, but rather it is to first provide some contextual background which highlights the extraordinariness of the VHCC, and second, to call attention to pressures that potentially imperil the well-being of health organization members. It is not my intent to belabour the challenges facing the system, but rather to move forward from this toward a more optimistic perspective. Looking to the positive – to how people can and do achieve well-being through working – offers new and more constructive lines of sight. By attending to what works and why, in addition to what is not working, we can arrive at new insights and understandings that can foster upward, life-giving spirals that lead to the creation of healthier work environments (Cameron, Dutton & Quinn, 2003). For the remainder of this dissertation, my intent is to illuminate dynamics that enable some organizations and members to circumvent or rise above these challenges and in so doing, to create work environments where well-being can flourish. Exploration of these dynamics requires, as Dutton (2003a: 10) suggests, that we first "find contexts where life abounds… signs of life include the feel of energy, vibrancy and engagement, a sense of playfulness and mutual caring and an overall pattern of resilience and health"; and second, that we seek to "understand what it is about these contexts that creates and sustains life".

Despite the human and humane crises I've described above, there nevertheless are such contexts where life abounds - enclaves of light and hope - within the health system.

These are the places where hospitality, generosity, and caring for both care seekers and caregivers are abundant. These are the places where organizational members care for one another and where they are hospitable, welcoming, consoling, and generous toward those who seek their service; where, beyond the performance of tasks, a 'healing presence' thrives. By definition, caring is the enactment of a genuine concern for the well-being of 'the other' (Noddings, 2003). Caring relationships and caring environments, then, nourish well-being. And where caring is alive and well, the humane resides. One such place is the VHCC. Nestled in a system fraught with the same pressures I have described above, caregiver well-being, caring relationships, and generosity toward care seekers thrive. Explaining this positive deviance (Spreitzer & Sonenshein, 2003) constitutes both the practical and theoretical significance of my research.

Practical Significance of the Research

Research conducted at the VHCC is practically significant in two fundamental ways. Both areas of contribution have potential for helping address the human and humane crises that health organizations face. The first is rooted in the generation of new insights about the nature of well-being and the kinds of work environments that enable it to flourish. The second contribution, following from the first, has to do with building the capacity of health organizations to genuinely *care for* care seekers.

First, actions and expectations regarding enhancement of the well-being of organizational members depend upon how people understand 'well-being'. When our understanding of this phenomenon in relation to working is limited to the notions of stress, illness, and disability, possibilities for practices and policies that *foster well-being* are attenuated. Currently, we know a lot about the health-damaging effects of stress and heavy workloads, but much less about the creation of work environments that nourish us and give us life. Research that informs the latter will help organizations move beyond the rule of instrumentality which objectifies people and disconnects them from one another (Borgmann, 1984), to the creation of vibrant work environments where as Dutton (2003a) would say, "life abounds" – where people play, collaborate, laugh, and cry together, and where they feel truly seen, heard, and valued and where in turn, they see, hear and value others and in the process, produce well-being together. Creation of such environments holds promise in attenuating the human crisis facing health organizations by addressing issues of recruitment, retention, and absenteeism.

The second and related practical contribution lies in support and extension of Kahn's (1993) findings of the need to care for caregivers so they can in turn authentically attend to and care for those who seek their services. In short, attending to the well-being of caregivers is one way of building the capacity of health organizations to serve care seekers with generosity and hospitality – to create a healing presence (Frank, 2004) that seems to be less prevalent in today's health organizations. Research that provides insights into how caring for caregivers might effectively be accomplished opens new possibilities for enhancing genuine caregiving that promotes not only the well-being of care seekers, but also, in reciprocal fashion, the well-being of caregivers. Research findings along this vein may also provide leverage for caregivers to advocate the crucial importance of *caring for* care seekers, and in this way, help address the humane crises facing health organizations.

Theoretical Significance of the Research

The issue of working and well-being is a pressing problem for practitioners, particularly in health organizations, and as such is most deserving of our attention. But how is this issue theoretically important? What new theoretical insights might be gained from studying a positively deviant organization such as the VHCC? I suggest here several potential areas of contribution.

"Well-being" is a term oft-used but seldom defined in organization studies. There is no single body of research within our field which focuses explicitly on well-being. This does not mean, however, that organizational scholars are not interested in the phenomenon. Indeed, to the contrary, many scholars inherently share this concern; they simply address well-being in many ways and from diverse perspectives. My research lies at the intersection of three theoretical approaches to the study of well-being in organizations.

First, study of the linkages between well-being, relationships, and working contributes to theorizing about the impact of organizations on the social systems in which they are embedded. My focus on the well-being of organizational members, which inevitably trickles out to their families and communities, locates the origins of that social impact *inside* the organization. Complementary to this orientation toward social responsibility, my research responds to Frost's (1999) call for scholars to consider the humanity and dignity of those we study, and in so doing to notice and explore fundamental dimensions of organizing that are obscured by more distanced and dispassionate approaches. In this way, Frost argued, we can develop theories that illuminate rather than distort our understanding of organizational phenomena. The ethnographic approach adopted in this study holds potential for developing fresh insights – to discover what well-being means to organizational members, and to what extent working in this particular environment adds to (or detracts from) their well-being. Such an approach, empathetically carried out, honors the dignity and humanity of organizational members, and brings their voices into our discourse, enriching our understanding of well-being and the organizational contexts and dynamics that enable it to flourish.

The second stream of inquiry to which my research contributes is one that explicitly focuses on well-being, but tends to conceptualize it quite differently than I propose. This is the vast body of literature that explores the impact of organizations and organizing processes on the well-being of employees, which in turn impacts organizational efficiency and productivity. These works tend to be preoccupied with the health-damaging effects of organizational life – stress, disease, disability – rather than with the possibilities of human growth and development, mutuality, and camaraderie with colleagues, the fruitful search for meaning and purpose, and the ability to contribute to something bigger than oneself that working offers (Ryff & Singer, 1998). In taking this path, these works cannot help us to understand the *salutogenic* processes (Antonovsky, 1987) by which well-being might be *produced* in the workplace[4]. There is significant potential for developing new theoretical insights in this line of inquiry if we substitute a salutogenic and relational perspective of well-being for the usual pathology-oriented approach. Consider, for example, how the findings of this research might change if we substitute measures of well-being (camaraderie with co-workers, finding meaning in one's work, for example) for the usual measures of stress or physical symptoms.

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[4] The term 'salutogenic' is used by Antonovsky (1987), a medical sociologist, to differentiate a focus on determining the causes of disease (a pathology-oriented approach) from a focus on explicating the causes or genesis of health and well-being. The term is derived from the word "salutary" (which means "conducive to well-being") and the suffix "genic" (pertaining to the generation or production of something) (Oxford English Dictionary Online, 2005); "salutogenic", then refers to understanding the generation or production of well-being.

Finally, the most significant theoretical contribution of this research, and the contribution that I emphasize and develop most comprehensively in this dissertation, is to a particular body of research housed under the umbrella of positive organizational scholarship (POS) (Cameron, Dutton & Quinn, 2003), which focuses on how organizational members:

> [F]lourish and prosper in extraordinary ways…[POS] seeks to study organizations and organizational contexts typified by appreciation, collaboration, vitality, and fulfillment, where creating abundance *and human well-being* are key indicators of success. It seeks to understand what represents the best of the human condition. [Emphasis added] (Centre for Positive Organizational Scholarship, Online, 2006).

Consistent with the aims of POS is a stream of work that is exploring positive relationships in the workplace (for example, see Dutton and Ragins, forthcoming). While this research and theorizing is rapidly expanding, it nevertheless is in its infancy. Although "well-being" is often mentioned, it is seldom defined in more explicit terms, and little work has been done that focuses specifically on positive relationships and well-being. Study of the VHCC offers great promise in remedying this situation, and making specific contributions in terms of: i.) expanding our understanding of the salutogenic and relational nature of well-being as a positive organizational phenomenon, and ii.) building new insights about the genesis and sustenance of positive and caring relationships in work environments. Indeed, this latter contribution is particularly significant, for the theoretical frontier in this stream of research is understanding the organizational contexts and dynamics through which positive and caring relationships are enabled and perpetuated – as Dutton (2003a: 14) notes, "As organizational scholars, the really tough job is to explain why and how life thrives in some contexts and not in others. I do not have the answers, do you?"

To summarize, the research related herein is fundamentally about three things: well-being, relationships, and the dynamics and processes that generate and sustain well-being-conducive relationships in caregiving organizations over time. In short, the research aims to answer two questions: First, *How do members of a caregiving organization produce well-being in their day-to-day interactions and ongoing relationships with one another?* And second, *How do caregiving organizations support interactions and relationships that produce well-being?*

Overview of the Dissertation

A roadmap here will be a most helpful guide to the journey ahead. In Chapter Two, I present the theoretical compass that orients the research. I begin by locating my research most broadly in historical and recent calls for organizational researchers to expand the range of outcomes they explore – particularly recent calls to study humane dimensions of organizing. This is followed by exploration of extant conceptualizations of well-being in the organizational studies literature which tend to cast well-being as the absence of disease. Such accounts speak volumes about how health is damaged in work environments, but less about how well-being might be *produced* through working. These disease and disability-oriented accounts also tend to obscure the lived experience of working, particularly the crucial impact of relationships with co-workers on well-being. Drawing on other literatures from diverse fields (psychology, health promotion, philosophy, relational feminism), I reconstruct well-being as an inherently positive phenomenon produced through mutually affirming interactions and caring relationships with others. Seeking to understand how such interactions and relationships might be supported in organizations, I examine extant works on positive and caring relationships in organizations, mining them for insights about how mutually affirming interactions and caring relationships are created and sustained in organizations, and further, how these are supported by the broader organizational context.

In Chapter Three, I present the methodological approach for the investigative journey. As the vignette that opened this paper has foreshadowed, my research takes the form of an interpretive ethnography. I also include an introductory portrait of the research site – the Valleytown Hospital and Care Centre, a rural facility in Alberta.

Chapters Four and Five represent arrival at my destination. In these chapters, empirical findings are reported. In Chapter Four, I answer the first research question by presenting VHCC members' perceptions of well-being and describing the patterns of interaction which produce them. I find that VHCC members perceive well-being to be most broadly, a sense of feeling good about oneself and one's work, and more specifically, "feeling accepted for who one is", and "feeling like one makes a difference in other peoples' lives". I next present four patterns of relating that produce these feelings, concluding that caring relationships within the VHCC are the seedbed of members' well-being. In Chapter Five, my analytical focus turns to the broader organizational context, seeking understanding of dynamics that support these caring relationships. I develop the notion of a caring relational landscape and describe how members jointly construct and sustain the caring nature of this relational landscape through enacting core principles, and navigating differences and tensions.

In the final chapter - Chapter Six: Looking Back on the Journey… Looking Ahead, I discuss practical and theoretical implications of the research and suggest avenues for future inquiry.

And so…may the journey begin!

CHAPTER 2. THEORETICAL COMPASS FOR THE RESEARCH

> *As organizational researchers, we tend to see organizations and their members with little other than a dispassionate eye and a training that inclines us toward abstractions that do not include consideration of the dignity and humanity of those in our lens. Our hearts, our compassion, are not engaged and we end up being outside of and missing the humanity, the 'aliveness' of organizational life...As a result, we miss some pretty fundamental and important aspects of organizational life and functioning and our theories and practices probably distort more than they illuminate what they purport to explain* (Frost, 1999: 128).

In this chapter, I flesh out the theoretical compass that orients my investigative journey. The central focus is on developing a theoretical understanding of how people in organizations produce well-being in their day-to-day interactions and ongoing relationships and further, how well-being-conducive interactions and relationships are created and sustained over time within an organizational context.

To begin, I situate my study within a growing stream of organizational research that, consistent with Frost's call (cited above), is exploring the human and humane dimensions of organizing. By re-visioning organizational members through a compassionate and humane lens, we simultaneously create new possibilities for enlivening and enriching our theorizing, and for enhancing the well-being of those we hold in our gaze. Next, I briefly review some of the major work in organization studies regarding well-being, which tends to cast well-being as the absence of disease. In so doing, these pathology-oriented approaches obscure the dynamic, lived experience of everyday organizational life, especially the crucial impact of relationships with co-workers on well-being. As such, while this body of work is valuable, it is less helpful for my purposes of understanding how people *produce* well-being in their day-to-day interactions and relationships[5]. Pulling together a set of coherent ideas from within organization studies and abroad, I develop an alternate, salutogenic and relational perspective of well-being which offers more insight into how well-being is produced in day-to-day interactions and work relationships. While this perspective offers guidance, more needs to be learned, which leads to the first research question that grounds this study: *How do members of a caregiving organization produce well-being in their day-to-day interactions and ongoing relationships with one another?* Beyond understanding the production of well-being in interactions and relationships, we know much less about how well-being-conducive relationships are created and sustained in organizational settings, which raises the second research question: *How do caregiving organizations support interactions and relationships that produce well-being?* Answering this latter question comprises the central theoretical contribution of my research.

Well-Being: A Humane Dimension of Organizing

Recently, several leading scholars in our field have called for the resuscitation of organization studies' original but neglected "third mandate": investigation into the impacts of organizations on the social systems in which they are embedded (Walsh, Weber & Margolis, 2003; Bartunek, 2002; Clegg, 2002; Hinings & Greenwood, 2002; Stern & Barley, 1996). These researchers have described and decried numerous shifts and political dynamics within our field which have favoured, since the 1970s, economic, biological, and engineering views of organizations and organizing processes. These particular views tend to emphasize managerial interests of efficiency and effectiveness, while de-emphasizing the social dimensions and impacts of organizational life (Clegg, 2002). In the case of employee well-being, for example, such approaches tend to emphasize the impact of ill-health on the organizational bottom line, rather than considering employee health not only as a potentially positive organizational outcome, but significantly as a worthwhile end in and of itself (Wright & Wright, 2000). The impact of organizations on the social systems in which they are embedded begins *inside* organizations, in the ways that people are treated, and how they treat one another. Do people treat each other with dignity and respect? Do people care for one another? Is their well-being considered inherently important or only instrumentally important? Whatever transpires within the work environment inevitably shapes the well-being of its members then trickles out to their families and their communities, ultimately shaping the social environment in which the organization is embedded.

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[5] When I use the term "interactions", I mean single social events transpiring between people. Repeated interactions (or patterns of interaction), however, develop into relationships which are more enduring and dynamic associations between people who have established a connection, who influence each other's thoughts and feelings, and who expect ongoing interaction (Reis, 2001: 61).

Promise for rejuvenating the third mandate by studying internal dynamics is found in an emerging body of research that is exploring what I call the *humane* dimensions of organizing – those organizational dynamics and processes which "acknowledge others as fully human" (Wrzesniewski & Dutton, 2005: 49) or which are "marked by sympathy with and consideration for the needs and distress of others; feeling or showing compassion and tenderness towards human beings", kindness, and benevolence (Oxford English Dictionary, on-line, 2006). Under this umbrella are studies that seek to explicate dynamics that foster gratitude (Emmons, 2003); dignity (Hodson, 2001); compassion (Frost et al., forthcoming; Dutton, Worline, Frost & Lilius, forthcoming; Lilius et al, 2005; Frost, Dutton, Worline & Wilson, 2000); courage (Worline & Quinn, 2003);

human strengths and virtues (Cameron, 2003; Park & Peterson, 2003); and, caring (Kahn, 2005, 2001, 1998, 1993; Wrzesniewski & Dutton, 2005).

I argue that the study of the dynamics and processes that foster well-being among organizational members fits rightfully alongside these works. Situated in this niche, well-being becomes not merely an independent variable in equations of efficiency and productivity, but rather a humane dimension of organizing and an important organizational outcome *in and of itself.* Employees become *people* rather than mere commodities - 'resources' or 'tools'- through which the organization's work is accomplished. Their lived experiences, their dignity, and their humanity are honoured. From a humane and social justice stance, well-being is a measure of organizational success and therefore something that deserves focused attention by researchers. But, to understand well-being as a humane dimension of organizing, we must cast aside our "dispassionate eye" and familiarize ourselves with the lived experience of working.

In making this argument, I am compelled by Peter Frost's (1999) call, which opened this chapter. Pasted to my desk for the past several months, his words have inspired and encouraged me in writing this document. While they hold personal appeal, I believe Frost's words offer a depth of insight that, heeded, can take organizational studies in exciting new theoretical and practically valuable directions. We ignore the humane dimensions of organizing and organizational life at our peril, diminishing our ability to adequately depict and understand everyday life in organizations, and importantly, to make our work relevant not only to other scholars and managers, but also to the millions of people who spend so much of their lives in organizational settings. This oversight impoverishes and as Frost suggests, distorts, our theorizing. By shifting our gaze toward 'the humane', we land ourselves in territory that matters to *all* people in organizations, not just managers or those experiencing ill-health, and we set ourselves up for discoveries that are obscured by a gaze upon economic problems in organizational life. This shift toward the humane also provides glimpses into the possibilities that organizations hold for positively influencing the well-being of organizational members, and via the ripple effect, their families, their communities, and the broader society in which they are nestled.

But, what might well-being as a humane dimension of organizing look like? If we take seriously the notions of sympathy and consideration of the needs of others, tenderness, compassion, kindness, and benevolence *toward others*, we must shape our understanding of 'well-being' accordingly. As such, we must re-examine what we mean by this oft-used but seldom defined term, "well-being".

The Dominant View of Well-Being in Organization Studies

Research and theorizing that focuses directly or indirectly on well-being has no single home within organization studies but rather is disjointedly scattered here and there throughout the field (Danna & Griffin, 1999). While conceptualizations of well-being in these various locales do not always cohere, a significant portion of the organization studies literature conceives well-being in pathological terms; that is, it explores the health-damaging effects of working and organizational life.

There is a large literature, for example, that focuses on the detrimental effects of workplace stress (c.f. Cooper, Dewe & O'Driscoll, 2001; Cooper & Cartwright, 1994; Ganster & Schaubroeck, 1991; Karasek & Theorell, 1990); emotional exhaustion (Wright

& Cropanzano, 1998); and burnout (Leiter & Maslach, 1988; Maslach, 1982). Stressors identified in this research tend to be related to several broad categories: job-specific stressors (specific tasks, physical work conditions, work load, work hours, new technology, exposure to risks and hazards); organizational roles (role ambiguity, role conflict, role overload, responsibility); work relationships (abrasive personalities, leadership style); career development (job insecurity, promotion and career advancement); organizational factors (bureaucratic structures, lack of participation in decision-making, politics, poor communication); and home-work interface (Cooper et al., 2001). Typically, factors thought to cause stress are then correlated with measures of mortality and morbidity, including suicide rates, heart disease, cancer, cirrhosis, alcoholism, ulcers, diabetes, hypertension, and mental disorders (Ganster & Schaubroeck, 1991). Moderators of the stressor-illness relationship are also studied extensively. These include personality/dispositional factors such as Type A behaviour patterns, negative affectivity, hardiness, self esteem; perceived control over the environment; and social support (Cooper, et al., 2001).

"Well-being" in this body of literature, then, is equated with the absence of disease and disability. While self-rated health is sometimes measured, more often, measures of "well-being" include symptoms of stress (headaches, stomach problems, muscular tension) and depression; physiological indicators (blood pressure, serum cholesterol); incidence of disease (heart disease, cancer, diabetes); health behaviours (exercise, nutrition, smoking); and work behaviours believed associated with illness, such as absenteeism and reduced organizational commitment, motivation, and job satisfaction.

Further, these approaches tend to focus on task or job-related factors much more than on relationships and relational dynamics occurring among organizational members. In so doing, these pathology-oriented approaches obscure the dynamic, lived experience of everyday organizational life, especially the crucial impact of relationships with co-workers on well-being. Measures of well-being emphasize the experience of each "subject" as an isolated individual rather than as a person enmeshed in a matrix of relationships, and as such, the dynamic relational context in which the individual is situated is overlooked. When relationships are considered, the emphasis leans toward damaging aspects such as mistrust (Cooper & Cartwright, 1994); inconsiderate or bullying management styles (Sparks, Faragher, & Cooper, 2001); envy (Danna & Griffen, 1999); violence and aggressive behaviour (Vigoda, 2002); and harassment (Vecchio, 1995). Some researchers do, however, measure social support, which is thought to buffer the effects of stress. Still, the focus remains on the solitary actor rather than relational dynamics through which well-being might be produced.

What I am suggesting here is that this pathology-oriented and a-contextual approach would be significantly complemented through alternate conceptualizations that emphasize the life-giving qualities of organizational life – those that facilitate meaning and purpose, quality connections to others, and ongoing development and employment of one's unique gifts and skills, for example (Ryff & Singer, 1998). Such views of well-being would emphasize the *production* of well-being and consider, as Frost (1999) suggests, the humanity and dignity of organizational members, and the aliveness of organizational life. Most importantly, such a perspective would privilege the crucial importance of relationships in the generation of well-being, for as Waldron (2000: 66) has noted, the nature of work relationships and interactions, rather than the nature of work-related tasks, is the locus of the most intense emotional experiences for organizational members. And, as Sandelands and Boudens (2000: 50) have discovered, "when people talk about work, they talk primarily about other people":

> They talk about relationships, about the intrigues, the conflicts, gossips and innuendos of group life. They talk about their friendships and the importance of camaraderie at work. There is endless fascination in this, and endless feeling.

Developing an Alternate View of Well-Being in Organizational Studies

In developing an alternate view for the study of well-being in organizational studies, my interest and focus is specifically on a salutogenic and relational perspective of well-being – that is, a conceptualization that informs *how well-being is produced via relationships and interactions* with co-workers, thereby illuminating the dialogical nature of well-being in work environments. In adopting this orientation, I join others who have similarly called for a balancing of research and theorizing in organization studies that brings to light the positive, well-being-conducive dimensions of working and organizational life (Dutton & Heaphy, 2003; Turner, Barling & Zacharatos, 2002; Wright & Wright, 2000; Ryff & Singer, 1998).

Within organization studies, the work of Julian Barling and colleagues (Sivanathan, Arnold, Turner, & Barling, forthcoming; Barling & Kelloway, 2006; Turner, Barling & Zacharatos, 2000) shows promise in this regard. These researchers have been exploring relationships between leaders and subordinates, postulating that particular kinds of leader actions (those characteristic of transformational leadership) influence workers in ways that produce well-being. Of well-being, they note, in salutogenic fashion:

> We believe that well-being…goes beyond the absence of ill-health to include aspirations to learn, being reasonably independent, and possessing confidence. In the same way, physical well-being at work goes beyond evading workplace injury and disease to include personal initiatives that aim to improve physical health. We define job-related well-being as the promotion of both psychological and physical health at work (Sivanathan, Arnold, Turner, & Barling, forthcoming: 3).

Several relational dynamics transpiring within the leader-follower relationship are postulated to produce psychological well-being in both leaders and followers. First, when leaders demonstrate genuine concern for the welfare of their employees – by carefully listening to and attending to their concerns - they provide "needed empathy, compassion and guidance that employees may seek for their well-being" (p. 8). Second, when leaders: i.) challenge employees to stretch beyond their imagined capacities; ii.) model positive behaviours; iii.) challenge employees to question their own assumptions and to reframe and find new ways to tackle problems; and, iv.) provide a supportive climate, they help enhance employees' sense of self-efficacy. Those with higher levels of self-efficacy, in turn, are better equipped to navigate setbacks and stressors within the work environment, which fosters psychological well-being. Third, Sivanathan et al. argue that leaders can help followers find positive meaning and higher purpose in their work. Finally, they argue that leaders might influence the extent to which employees positively identify with their organization, creating a sense of belonging to an important collective. This enhances one's self-concept and thus, well-being.

I find promise in this emerging work for two central reasons. First, the authors focus on a salutogenic formulation of well-being – that is, they explore the roots of well-being rather than emphasizing disease and disability. Second, they situate the production of well-being within relationships among organizational members. This work offers beginning ground for the development of a salutogenic and relational understanding of well-being within organization studies. Much work needs to be done to further develop this conceptualization, first in more clearly articulating the meaning of "well-being"; second, in expanding the focus on relationships beyond hierarchical and paternalistic leader-follower relationships; and third, by developing a dialogical approach which embraces the mutuality of relational dynamics and processes – that is, how each party in a relationship mutually influences the other, and as such, how they produce well-being *together*. And then, of course, we need to explore and further develop these ideas through empirical study. Addressing the first three of these tasks occupies the remainder of this chapter; addressing the fourth task, empirical study, comprises the entire dissertation.

While salutogenic formulations of well-being can be found outside of organization studies, a salutogenic *and relational* perspective of well-being does not exist, to my knowledge, in any single field. To develop such a perspective for use in organization studies, it is most helpful to bring in work from other disciplines that focus specifically on well-being. Although this work tends to focus on familial and social relationships, it nevertheless helps us begin to develop a set of insights that will inform how well-being is produced in work relationships and interactions. This is the task that occupies the remainder of this chapter. I begin by drawing primarily from the field of psychology to describe a current formulation of positive human health or well-being, then bridge briefly to other literatures to begin to develop some ideas about how well-being is produced in relationships. These literatures provide a foundation upon which to build a salutogenic and relational perspective of well-being. To further develop this perspective, I look to an emerging body of work in organization studies that, while not explicitly focusing on well-being, nevertheless has great relevance for understanding how well-being is produced in work relationships and interactions.

My starting point for this synthesis is to present existing salutogenic views of well-being as articulated primarily in the domain of psychology. I draw heavily on the work of Ryff and Singer (1998) who, based on a review of numerous literatures in philosophy and across the social sciences, develop a distinctly salutogenic view of positive human health, or well-being. Their work provides a firm grounding upon which a relational perspective of well-being can be developed.

First, in contrast with the physiological manifestation of disease and disability, well-being is primarily a phenomenological experience (Labonte, 1993). While it is thought that mind and body are integrally connected through emotions (Ryff & Singer, 1998), physiological health does not necessarily dictate, nor indicate one's experience of well-being. Many people, for example, report a high level of well-being, even while experiencing disease and disability (Labonte, 1993; Blaxter, 1990). Well-being, then, is a subjective experience which is influenced, but not determined by, physiological functioning.

This means that well-being is not a medical concern, but rather a philosophical one concerning articulation of the meaning of 'the good life' (Ryff & Singer, 1998: 2). Two distinct notions of what constitutes 'the good life' surface regularly in literatures regarding well-being (Ryan & Deci, 2001). Hedonic perspectives of well-being, also known as subjective well-being or more simply as happiness equate 'the good life' with experiencing pleasure and avoiding pain, and as such, well-being is believed to be produced via the individualistic pursuit of relaxation, pleasure and freedom from problems (Diener, 2000: 34). Eudaimonic well-being (Ryan & Deci, 2001; Kingwell, 1998; Ryff & Singer, 1998; Waterman, 1993; Russell, 1930/1996) similarly focuses on appraisals that one is 'living the good life', but criterial goods for this appraisal are meaning and ongoing growth, and contribution to the flourishing of one's community. From this perspective, happiness is considered a by-product of focusing one's efforts outward beyond one's individual interests. As such, eudaimonic well-being is a transformative, ongoing life process and thus might be experienced quite differently throughout the life course or even throughout the day - perhaps as vitality (Ryan & Bernstein, 2002) or zest (Miller & Stiver, 1997; Russell, 1930/1996) at one point in life, but as sorrow or frustration at another point as one navigates a difficult life challenge. Hence we see that there are perhaps particular (how I am feeling right now) and more general (my life is worth living) experiences of well-being.

Based on their extensive review of literatures, Ryff and Singer (2003; 1998) articulate a distinctly eudaimonic view of well-being, noting that 'good lives' are not those characterized by blissful, problem-free smooth sailing, but rather they are about "the zest that comes from effortful, frequently challenging and frustrating, engagement in living" (2003: 272), and the expression of intellectual, social, emotional and physical potentialities in this ongoing process (1998). They discovered two central criterial goods of well-being were consistently identified across literatures. The first, having meaning and purpose in one's life, emphasizes the selection and pursuit of projects that give dignity and meaning to one's life. The second, having quality connections or relationships with others, includes mutual affection, empathy, love, and conviviality, as well as elements of social responsibility such as benevolent concern for the well-being of others. Two associated key goods include positive self-regard and mastery, but Ryff and Singer (1998: 10) argue these are derived from purposeful living and having quality connections with others; that is, that positive regard for oneself, personal growth, and a sense of self-realization develop through interactions with others and engaging in meaningful activities, and mastery enhances these efforts. In a more recent formulation of well-being, Ryff and Singer (2003: 277-278) include two additional dimensions of well-being: personal growth (being able to continually realize one's gifts and talents and to develop new ones) and autonomy (the capacity to "march to one's own drummer" and to follow one's own convictions, even if they contravene conventional wisdom).

To briefly summarize, a salutogenic perspective of well-being has two components. The first is a subjective appraisal that one is living a life worth living. The criteria upon which this assessment is made vary from person to person, but it appears that quality connections to others and having meaning and purpose in life are central. Other criteria upon which this assessment is made include growth, positive self-regard, mastery, autonomy, and happiness. This appraisal is based on reflection upon one's life at a given point in time. The second component of well-being is the ongoing phenomenological experience of engagement in living, and the moment-to-moment feelings that are produced in this process. It is within this ongoing lived experience and, I argue, dialogical interactions with others, that well-being is produced.

To this point, I have focused on well-being as something transpiring within individuals. What I move to now is developing the notion of relational salutogenesis – the notion that well-being is generated in relationships with others.

From Individual Salutogenesis to Relational Salutogenesis

The work of Ryff and Singer (2003, 1998) is most helpful for understanding well-being as a positive subjective experience and yet, because it emphasizes the experience of individuals, it only tangentially explicates *how* well-being is produced. Deeper understanding is forestalled by an emphasis on individual experience and neglect of the fact that people, from conception to death, are embedded in a web of relationships with others (Berscheid, 2003), and as such, that human behaviour and experiences transpire in the *space between* that connects one person to another (Josselson, 1996). This means that people find purpose and meaning *within relationships*; that they experience the positive emotions of joy, love, happiness, and contentment *within relationships*; that they grow *in relationship* with others; and, that they experience and find ways to overcome the challenges of life *through relationships* with others. The argument I wish to make here is that well-being, to a large degree, is co-generated through *interactions with others* - that is, that while experienced subjectively, it is produced *dialogically*. As philosopher Charles Taylor (1991: 33) has noted:

> The general feature of human life that I want to evoke is its fundamentally dialogical character. We become full agents, capable of understanding ourselves, and hence of defining an identity, through our acquisition of rich human languages of expression…the genesis of the human mind is in this sense, not 'monological' not something each accomplishes on his or her own, but dialogical.

This assumption grounds a *relational* perspective of well-being.

While there is abundant evidence across the social sciences that positive relationships contribute to well-being, less is understood about the mechanisms that generate well-being in relationships (Ryff & Singer, 2001, 2000). One helpful approach to understanding relational salutogenesis is to differentiate interactions from relationships. An interaction consists of a single social encounter transpiring between two or more people who may or may not know each other. Relationships, on the other hand, are built upon an ongoing series of interactions, evolving into an enduring and dynamic association between two people who establish an emotional and cognitive and intersubjective connection with one another, who influence each others' thoughts and feelings, and who expect ongoing interactions and mutuality (Surrey, 1991; Reis, 2001). But relationships are more than the mere accumulation of interactions; rather, they are better considered "digested products" of past interactions (Reis & Shaver, 1988). That is, there is a history within a relationship composed of reconstructions of past events (memories of happy experiences shared together, or of hurtful experiences, for example), as well as anticipation of future activities. These digested products shape partners' willingness to be open and responsive to one another (Reis & Shaver, 1988). Each interaction thus shapes future ones, revealing the temporal nature of relationships (Reis, Collins & Berscheid, 2000). To understand how well-being is produced in relationships, then, it is helpful to examine both interactions transpiring between individuals such that an enduring relationship is created, and also interactions transpiring within established relationships, which informs how they might be sustained over time.

Intimacy theory (Reis, 2001; Reis & Shaver, 1988) is helpful in this regard. From this theoretical perspective, intimacy attaches one human to another through an interactive process composed of three actions: i.) the expression of one's thoughts and feelings to another; ii.) the other's appropriate and supportive response which indicates understanding (i.e. that she's 'got the facts right'); validation (appreciation of the other's experiences and circumstances); and caring for the other; and iii.) the first person's perception that the other truly supports and appreciates who she is as a person - her "core psychological self" (Reis, 2001: 63). Typically this sequence is mutual and reciprocated on an ongoing basis within the relationship.

Based on these ideas, Reis (2001) develops the argument that affirmative interactions foster feelings of closeness and connection which enhance well-being. These affirmative interactions include: i.) expressing oneself to significant others; ii.) feeling securely connected to others and able to rely on them appropriately during stressful circumstances; iii.) being responsive and supportive to partners and open to their expressions of need; iv.) perceiving with reasonable accuracy a close partner's understanding, valuing and caring for the self; v.) experiencing genuine enjoyment during interaction with significant others; and, vi.) coping constructively with negative emotions and interpersonal conflict (Reis, 2001: 81). Underscoring each of these interactions is that they fulfill the fundamental human need to relate with and belong to others. Not all relationships satisfy these needs; rather, only close relationships characterized by self-disclosure, and positive concern and caring for one another are thought to have these salutogenic effects (Baumeister & Leary, 1995).

This view of the dialogical production of well-being is highly consistent with those of some relational feminists who purport that psychological growth and development occurs through mutually supportive connections with others (Miller, 1986). In these mutually supportive connections, several patterns of interaction occur: i.) each person is interested in, aware of, and responsive to the experience of the other; ii.) each person willingly discloses her thoughts, feelings, and needs to the other; and, iii.) each person acknowledges her own needs without 'using' the other to meet these needs, and without overlooking the experience of the other. Intrinsic to these patterns of interaction is a valuing of the process of getting to know and respect the other, and of enhancing the growth of the other (Jordan, 1991: 83). The result is an "intense affirmation of the self" and the identification of the self as part of a larger entity:

> [W]hen empathy and concern flow both ways, there is an intense affirmation of the self, and paradoxically, a transcendence of the self, a sense of the self as part of a larger relational unit. The interaction allows for a relaxation of the sense of separateness; the other's well-being becomes as important as one's own. This does not imply merging, which suggests a blurring or a loss of distinctness of self. In the broadest sense, this topic might be called mutual intersubjectivity; by that I mean an interest in, attunement to, and responsiveness to the subjective, inner experience of the other at both a cognitive and affective level (Jordan, 1991: 82).

Ironically, in this mutual intersubjectivity, each party develops not only a sense of being bound up in a 'larger relational unit', but s/he also develops a greater sense of authenticity – feeling "emotionally 'real', connected, vital, clear, and purposeful in relationship" (Surrey, 1991: 60). Authenticity comes not from doing 'one's own thing', but rather, emerges from asserting oneself in relationship and from the recognition by others of who one is as a unique person. As Surrey (1991: 61) continues, "this is the challenge of relationship that provides the energy for growth – the need to be seen and recognized for who one is, and the need to see and understand the other".

These ideas also resonate deeply with those found in the philosophical and nursing literatures pertaining to caring. Gordon, Benner, and Noddings (1996: xiii) define caring as a set of relational practices that foster well-being:

> [N]ot as a psychological state or innate attribute but as a set of relational practices that foster mutual recognition and realization, growth, development, protection, empowerment, human community, culture, and possibility… caring relationships are also those that foster well-being.

Caring, to philosopher Milton Mayeroff (1971: 7) is

> [U]nderstood as helping the other to grow: I experience the other as an extension of myself and also as independent and with the need to grow; I experience the other's development as bound up with my own sense of well-being and I feel needed by it for that growing. I respond affirmatively and with the devotion to the other's need, guided by the direction of its growth.

We can see from these conceptualizations of caring that there is an emphasis on mutuality – mutual recognition, mutual growth, mutual development, an "extension of myself", experiencing the "other's development as bound up in my own sense of well-being", and "devotion to the other's need". These phrases illuminate the foundational premise of caring – a shift of one's "motive energy" toward the other, to enhance the well-being of the other, for his own sake and not for the promise of personal gratification (Noddings, 2003: 33).

Caring is fundamentally about being receptive to, engrossed in, and responsive to, the unique experience of the other (Noddings, 2003). This is a two-way process involving both the active the giving *and receiving* of care. As Gordon et al. (1996: xiii) note,

> Caring is not dependent on what I do *to* you, but on what I do and *how you receive or respond to it.* The quality of any caregiving relationship, furthermore, depends not solely on the skills and receptivity of the caregiver, but on the receptivity and response of the one cared for [emphasis in original].

Both parties are changed in the giving and receiving of care. This is the basis of Arthur Frank's (2004: 4) definition of care as "an occasion when people discover what each can be in relationship with the other".

Synthesis

From a salutogenic perspective, then, well-being is broadly conceived as a subjective and positive appraisal that one is living a life worth living. Two central criteria upon which this appraisal is made are: first, having quality relations or connections with others; and second, having meaning and purpose in one's life. Other criteria may also be important, including growth and learning, positive self-regard, mastery, autonomy and happiness. While this appraisal is made as a stepping back and taking stock, a second component of well-being is the ongoing phenomenological experience of living and the feelings generated in the process.

Excavation of other literatures has informed understanding here of some of the relational dynamics that produce well-being. These are especially informative in terms of two criterial goods of the 'life well-lived' identified by Ryff and Singer (1998): development of quality relations with others, and positive self-regard. Consistent across at least three bodies of literature is the notion that quality relations with others produce well-being through the generation of feelings of connection and belonging, and a sense that one is seen and valued for who one is as a unique and worthy person. Within these 'quality connections' a particular pattern of interactions that are mutually affirming and caring, produces these feelings. This pattern of interaction includes:

i.) mutual interest in, and awareness of, the inner experience of the other;

ii.) willing self-disclosure: the expression of one's personal thoughts and feelings to the other;

iii.) the other's empathetic response: attunement and receptivity to, engrossment in, and responsiveness to the other's concerns; validation and caring; and, iv.) the self-discloser's perception that the other has appropriately and accurately received and interpreted her situation.

Several features accompany this pattern. First, mutuality is central. Such interactions are two-way in nature: both parties give and receive affirmation and care, and as such, both parties experience well-being as a result of the interaction. Second, these are not purely cognitive processes, but rather, they are to a large degree, permeated, directed by, and generative of feelings and emotions, thereby indicating the highly affective nature of these interactions. Third, these interactions are perceived as pleasant and enjoyable and therefore create a desire for ongoing connection. Fourth, through ongoing affirmation and caring, both parties come to feel securely connected to one another and are able to rely on each other in stressful times. In this way, mutually affirming interactions and caring relationships become the seedbed of well-being.

The research and theorizing described above, while particularly helpful in elaborating how well-being is produced in relationships, suffers some limitations in illuminating how well-being is produced in work relationships and interactions. First, the psychology research is based primarily on the study of personal relationships: spousal, parental, other familial relationships or friendships. Such relationships are conceivably much different than those that form in work environments. Indeed, little is known about how interpersonal dynamics might differ in various kinds of relationships (Reis, Collins & Berscheid, 2000). Second, while this work is most helpful for understanding how well-being in terms of having positive self-regard and quality relations with others is produced in relationships, it is less informative in terms of understanding how other criterial goods of well-being, such as having meaning and purpose in life might be produced in relationships. Similarly, how might the sense that one is 'living a life worth living' be co-generated in relationships, particularly work relationships? As such, while works in other fields lend deep insight into relational salutogenesis, there is much more to learn, particularly about how well-being is produced in work relationships and interactions.

Given this unexplored territory, the first research question that guides this study is: *How do members of a caregiving organization produce well-being in their day-to-day interactions and relationships with one another?*

If we stop at understanding how well-being is produced in work interactions and relationships, however, our understanding will yet be impoverished because we will not have understood how such interactions and relationships are created, sustained, and supported by the larger organizational context. This is the problem to which I now turn my attention.

Creating and Sustaining Work Relationships and Interactions That Produce Well-Being: Dyadic Dynamics

Within organization studies, there is an emerging body of work that, while not explicitly focusing on well-being, nevertheless implicitly highlights dynamics through which the creation and sustenance of mutually affirming interactions and caring relationships might be supported by the broader organizational context. These works focus on positive relationships among organizational members. Although authors vary in terms of the intensity and depth of the relationships they explore, a common thread running through them all is the importance of mutually affirming interactions and relationships which, as we have seen above, are conducive to well-being. In this section, my aim is to present three primary works in organization studies that emphasize dyadic interactions and mine them for insights regarding how organizational members create and sustain mutually affirming interactions and caring relationships (in the subsequent, and final section, I focus on organization-wide dynamics that support them). For each work, I briefly discuss links between the work and the production of well-being and then surface findings that inform creation and sustenance of these interactions and relationships.

High Quality Connections

Highly congruent with the notion of affirming interactions and caring relationships, the work of Dutton and Heaphy (2003) and Dutton (2003b) on high quality connections (HQCs) is particularly salient to understanding the production of well-being in work relationships. Emphasizing the importance of human connections for the accomplishment of organizational work, they describe (HQCs) as those which are "life-giving", rather than "life-depleting". HQCs do not necessarily imply an ongoing relationship, nor do they assume intimacy or closeness; to the contrary, they might simply occur as a momentary energizing encounter between strangers. And yet, they have many striking and salutogenic characteristics. HQCs enliven people, generating energy, in contrast to low-quality connections which are corrosive and damaging, generating "a little death in every interaction" (Dutton & Heaphy, 2003: 263).

HQCs are thought to create a "safe psychological haven" (Dutton, 2003: 12) that enables people to become more engaged in their work, and they enable greater expression of positive and negative emotions, such as joy, anxiety, and frustration. HQCs also foster resilience, enabling partners to withstand change, conflict, and tension in the relationship or within the circumstances they share. Finally, they generate openness and receptivity to new ideas, thereby fostering learning and growth, while shutting down de-generative relational dynamics. People within a HQC tend to experience a heightened sense of regard for one another, a feeling of vitality and aliveness, and a sense of mutuality.

Dutton and Heaphy (2003: 276) argue that if organizations can create the "fertile ground for building HQCs", then several beneficial effects for individuals and the organization might be realized. These include the creation of safe relational spaces where people feel able to authentically express themselves, where they engage with and value one another more fully, where they are open to learning and change, and given all of this, where they may construct positive meanings about their work together. These outcomes, in addition to the heightened sense of regard for others, feelings of vitality and aliveness and a sense of mutuality mentioned above, link directly with a salutogenic perspective of well-being. From an organizational perspective, HQCs can generate ripples of positive energy – "the fuel that makes organizations run" (Dutton, 2003b: 7) throughout an organization. Such connections create energy of consequence for individuals and organizations alike: they foster well-being, facilitate dialogue and learning, foster the transmission of purpose, and enable cooperation, coordination and capacity for change (Dutton, 2003b). HQCs then, have the potential to impact multiple dimensions of well-being, including having quality relationships with others, meaning, growth and learning, authenticity, and mastery.

Several insights about dyadic dynamics that enable creation and sustenance of mutually affirming interactions in organizational settings can be gleaned from these ideas. First, HQCs, once initiated, generate positive energy and emotions (joy, excitement, interest), creating a life-giving quality which, we might extrapolate, creates a desire for ongoing connection (Miller, 1986). A central dynamic that fuels HQCs is what Dutton (2003) calls respectful engagement – deployed through conveying presence, being genuine, and communicating affirmation – processes that are highly congruent with those of affirming interactions that I have outlined above. Because they generate feelings of mutuality and positive regard for one another, HQCs quite conceivably may be the starting point for the creation and ongoing sustenance of caring relationships. Within existing relationships, they may be the fuel that energizes the relationship and sustains it over time. One other feature of HQCs lends insight into the sustenance of caring relationships, and that is that they enable partners to withstand conflict and tension within the relationship or that is occurring around them. Further, Dutton & Heaphy (2003: 266) indicate the dynamics within HQCs enable members to "deflect behaviors that shut down generative processes". What we know less about from this work, however, is exactly how these creative and sustaining dynamics work in practice.

Relational Practices

Fletcher (1994) envisions how organizations might be different if they embraced three feminine strengths associated with connection and affiliation: vulnerability, empathy, and empowering. Each of these strengths is complementary to the development of affirming and caring interactions through which well-being, in the form of a sense of connection with others, is co-generated. Vulnerability, viewed not as a personal failure but rather as an inevitable part of human interdependence, becomes a way of building rapport and equalizing or humanizing a relationship such that it can be strengthened. (Fletcher, 1994: 76). Vulnerability, seen in this light could lead to enhanced capacity for self-reflection and the ability to help others identify and address their limitations, and as such could help foster collaborative working relationships in organizations. From a well-being perspective, the strength of vulnerability enables self-disclosure, which in turn opens the possibility of receiving affirmations and care from others. Further, vulnerability opens people to the possibility of learning and growth.

Fletcher's description of the second strength, empathy, echoes the receptivity to, engrossment in, and responsiveness to, the feelings and experiences of others that we find in articulations of caring relationships:

> [T]he experience of the other is embraced and the other's personhood is validated and affirmed, while *at the same time*, it is connected to one's own experience, thereby creating something new, an "enlarged understanding" (Jordan, 1991; Miller, 1986; Surrey, 1991). Thus, both partners benefit from the exchange. If the respondee is able to encompass this new, enlarged understanding and connect it to her own vision, then something new is again created, leading to a dynamic of spiraling growth in which each partner experiences increased vitality, a greater sense of self-worth, and a stronger sense of connection with each other as well as increased motivation for connection to others (Miller, 1986) (Fletcher, 1994: 77).

Her description of empathy here also extends understanding of how well-being is co-generated in work relationships. In an ongoing series of exchanges, the parties develop increasingly broader understandings of one another or of a situation – "a dynamic spiraling growth" – and as a result, both parties experience vitality and increased self-worth. That a stronger sense of connection is created provides insight into how caring relationships might sustain themselves. Enjoying the growth and vitality experienced in the relationship, people have a desire to continue together. That these interactions create motivation for connection with *other* people indicates a subtle contagion – one caring relationship creates the impetus for the creation of others. Thus, we gain insights into how existing relationships grow and are sustained over time, and also how the impetus to create new relationships develops.

The third strength, empowering – "deriving satisfaction from participating in the development of others" (Fletcher, 1994: 78) also links strongly to affirming and caring interactions. This version of empowering implies a mutuality – *both* parties grow and develop their relational capacities and abilities – that is, they grow in connection with one another, enhancing their self-esteem, competence, and effectiveness. Because it is a process of mutual growth, it is a pleasurable process that motivates the parties toward interaction with one another, again showing how these caring relationships are energized and sustained.

Together, these strengths of vulnerability, empathy, and empowering complement findings regarding well-being in the psychology literature. Vulnerability seems a pre-condition for the self-disclosure that is essential to affirming interactions. Empathy and empowering are mutual processes that further create feelings of connection and belonging, and also mutual learning and growth, all of which conceivably lead to well-being. These strengths simultaneously lay the ground for and fuel the creation and ongoing sustenance of mutually affirming interactions and caring relationships.

In an effort to make visible the relational practices that undergirded the work of six female engineers, Fletcher (1998) studied six female engineers in an engineering firm. While her focus was on how these practices enabled completion of a work project, her articulation of them provides insight into relational practices that create and sustain affirming interactions. Underlying all of these practices were assumptions of the preeminence of connection and the value of interdependence, and relational skills to enact these assumptions: empathy, mutuality, reciprocity, and a sensitivity to emotional contexts (Fletcher, 1998: 174). Of four categories of activities she identified as constituting relational practice, three were specifically related to mutually affirming interactions: mutual empowering, achieving, and creating team.

In 'mutual empowering' the engineers helped other members of the team to accomplish the goals of the project. Using skills both of sharing their expertise and also in receiving the expertise of others, their emphasis in 'empowering' was on contributing to the growth of others in the form of increased competence, self-confidence, self-efficacy, and knowledge. They taught others with empathy, taking into consideration the intellectual and emotional reality of the other, simplifying information when necessary, or going to extra lengths to make the other feel comfortable in learning. The use of collaborative language and a self-deprecating tone indicated a motivation to minimize their 'expert' status and to communicate openness to learning and hearing different points of view. Rather than dominating others, the focus was on a fluid sharing of power and expertise from one party to another.

In "achieving", the engineers used their relational skills to enhance their own growth and effectiveness (Fletcher, 1998: 172) and to repair potential or perceived breaks in relationships. Here, they followed up with people they'd disagreed with in a meeting or made special effort to talk with people whose feelings they'd hurt. These actions were accompanied by a sense of distress and urgency to make amends or set things right. The engineers also paid careful attention to the emotional tone of situations to understand what was really going on, and to determine appropriate responses. Activities here included reflecting on ones' own feelings, being attuned to the emotional context of others, and modifying their behaviours accordingly. Key to "achieving" was that the engineers took actions to enhance their own effectiveness, albeit in relationally responsive and empathetic ways.

In "creating team", engineers focused on creating a supportive environment such that group life could flourish. The primary emphasis was on creating a feeling of 'team' by attending to individuals, acknowledging their unique preferences, problems and feelings and circumstances in affirming ways, and by attending to the team as a whole, creating conditions conducive to collaboration. Strategies employed here included using collaborative rather than confrontational language, and smoothing relationships among members. Fletcher notes:

> Relational theory supports this view and suggests that individuals who feel understood, accepted, appreciated, or 'heard' are more likely to extend that same acceptance to others, leading to a kind of group life characterized by what Miller (1986) calls a zest for interaction and connection (Fletcher, 1998: 174).

Assumptions grounding these actions were first, that good co-workers notice each other; second, that by paying attention to each others' feelings and preferences, team spirit and achievement is enhanced; and third, that building a collective understanding of situations by exploring and building on others' ideas will lead to better decisions (Fletcher, 1998: 174). In "creating team", the engineers were attuned to the emotional context of the group, and they responded empathetically to others.

Fletcher's (1998, 1994) work provides valuable insights into how well-being-conducive interactions and relationships were potentially created and sustained as organizational members worked together on their project. The first insight concerns the assumptions undergirding the engineers' actions: connection, mutuality, collaboration, interdependence, and the notion that the work is best accomplished by focusing on the people doing the work. Purely by virtue of their nature, these assumptions or values foster people coming together in respectful ways. These assumptions produce responses that are distinct from those grounded in individualism and competition. While competition might attenuate affirming and caring (i.e. well-being productive) interactions, assumptions of interdependence foster affirming dynamics such as the fluid shifting of power based on expertise, and an emphasis on tending to people and relationships. This leads to the notion that foundational assumptions may crucially shape the capacity of people and organizations to nurture and sustain mutually affirming interactions and caring relationships. Second, there is some indication within Fletcher's work of positive spirals of interaction within dyads and collectives. Within dyads, mutual growth produces feelings of zest and vitality and increased self-worth (which we can equate with well-being), but also a desire for more connection with others, potentially disseminating these effects more broadly within the work environment. Similarly, in collectives, when each member is made to feel appreciated and heard, s/he is thought to be more likely to seek further interaction and connection. Third, the engineers demonstrated finely honed relational skills oriented toward affirming others in carrying out their work, particularly an astute ability to read the emotional dynamics and tone of work relationships and to respond appropriately. As such, creating and sustaining mutually affirming relational dynamics likely depends on a high level of relational competence. Fourth, use of language may also be important in creating and sustaining affirming interactions and relationships. The engineers' intuitive use of self-deprecating and non-confrontational language, for example, may indicate the power of language to shape responses toward others that are mutually affirming rather than confrontational.

Caregiving in Organizations

The previous review of literatures outside of organization studies revealed the importance of caring relationships in producing well-being. Within organization studies, the work of Kahn (1998, 1993), who has focused specifically on patterns and flows of caregiving among managers and staff in various caregiving organizations, is particularly salient. To Kahn, caregiving is an "emotional act involving the transfer of emotions through exchanges of resources, time, information, counseling or services" (1993: 542-3). His basic premise is two-part: first, that caregivers are filled or drained of emotional resources for caregiving through their relationships with co-workers and other organizational members; and second, the extent to which caregivers feel held by co-workers subsequently shapes their ability to hold and care for their clients. In other words, in order to genuinely care for clients, caregivers must feel cared-for within their organizational environments.

To understand how a caregiving organization replenishes caregivers' emotional resources, Kahn (1993) conducted an ethnographic study of eleven social workers in a social service agency. He sought caregivers' descriptions of what it felt like to give, receive, withhold, and be withheld from care, and based on the information he received, was able to map patterns of caregiving among the social workers and their managers. Because early data showed superior-subordinate relationships to be most important to subordinates' experiences of feeling cared-for, Kahn focused particularly on interactions occurring between supervisors and their subordinates. Based on his findings, and drawing also from other bodies of literature on caring, he identified and described eight behavioural dimensions of caregiving which, often woven together, enable members to feel cared for. Because they lend insight into particular behaviours through which people care for one another in work environments, and in so doing, produce well-being, these dimensions are presented in Table 1.

These caregiving behaviours bear striking resemblance to those identified in other literatures as 'affirming interactions'. Caregivers make themselves *accessible* to others; they *inquire* about the other's thoughts and experiences; they *actively attend* to the responses given to these inquiries; they *validate* these responses and *empathize* with them, then offer *support* and *compassion* in an appropriate manner; and finally, they repeat this pattern of interactions in *consistent* ways.

Although Kahn did not link caregiving behaviours with well-being, attention to the "impact" column of Table 1 helps us to see how these caring behaviours *produce* well-being, at least for the one who is cared-for. When the one-caring makes herself accessible and attends to the other in ways that help her feel understood, heard, valued, joined, cared-for and held, feelings of being connected and belonging that are so important for well-being are generated. In short, foundational to each of these behaviours is affirmation to the one cared-for that he or she is valued and valuable, worth caring for, and appreciated (Kahn, 1993: 544) – feelings that are integrally related to well-being (Reis, 2001).

DIMENSION	BEHAVIOUR	IMPACT
Accessibility	Remain in the other's vicinity; allowing time and space for contact and connection.	Renders caregiver accessible to the other, allowing caregiving relationship to commence.
Inquiry	Ask for information necessary to provide for the other's emotional physical and cognitive needs: probe for the other's experiences, thoughts and feelings.	Locates and brings the other into a caregiving relationship in order to assess the other's needs and enables the other to feel acknowledged.
Attention	Actively attend to the other's experiences, ideas, self-expressions; show comprehension with verbal and nonverbal gestures. Displays interest in the other.	The other is able to feel heard, apprehended and understood.
Validation	Communicate positive regard, respect, and appreciation to the other.	Communicates to other the sense of being valued and valuable, worth caring for, and appreciated.
Empathy	Imaginatively put self in other's place and identify with other's experiences; verbally and nonverbally communicate experience of other.	Enables caregivers to temporarily experience what other sees, thinks, and feels. Other feels joined.
Support	Offer information (about salient issues/situations), feedback (about other's strengths and weaknesses), insights (about caregiving relationship) and protection (from distracting external forces).	Provides resources enabling the other to collaborate in his/her own growth and healing.
Compassion	Show emotional presence by displaying warmth, affection, and kindness.	The other feels cared about and cared for, held by and within caregivers' affections and loved.
Consistency	Provide ongoing steady stream of resources, compassion, and physical/emotional/cognitive presence for other.	Other trusts that his/her own needs will be met in steady, predictable ways.

Table 1: Dimensions of Caregiving (Adapted[6] from Kahn, 1993: 546)

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[6] The table is a replication of Kahn's with the exception that his empirical data have been removed.

Interestingly, Kahn found that caring for one another involves a balancing of attachment to, and detachment from, one another in an ongoing dance that ensures people feel neither intruded upon nor abandoned. This finding indicates the need for complex understanding of, and sensitivity to, subtle nuances within the relationship that tell the one caring when to act and when to withdraw. Again, the importance of being attuned and responsive to the emotional context of others surfaces as an important dynamic in caring relationships.

Feeling cared-for enabled Kahn's caregivers to engage fully in their work and they were more willing to pass this caregiving on to clients. I extrapolate from this that feeling cared for, caregivers are able to extend their interests and energies outward toward the interests of others, and in so doing, are able to experience meaning and purpose in their work which in turn contributes to their well-being. One person, for example, said, "When I do get some empathy and support, particularly in supervision, I have more energy to do the same for the [care seekers]" (Kahn, 1993: 545). On the other hand, people felt frustrated and angry when their superiors withheld care. These subordinates tended to withdraw from their work both physically and emotionally, and they also withheld care from others. As one person said, "Sometimes when I'm feeling unheard or disrespected, I have to get out of the office right then, just get out" (Kahn, 1993: 545).

Kahn (1998) worked these ideas further by mapping emotional attachments among members of caregiving organizations. Strong attachments among members bind people together through core experiences of feeling cared for: feeling joined, seen, felt, known, and not alone. Strong attachments serve as anchoring relationships in which people provide limited support to one another in times of need. The empathy, respect, warmth, and regard for others that transpires within these relational spaces helps members to cope with threatening or anxiety-producing situations by providing encouragement, comfort, practical assistance, information, and access to useful resources. It is the repetition of caregiving acts over time that coalesces into anchoring relationships. Weak attachments, on the other hand are merely superficial and do not serve as a space in which caring (or, as such, the generation of well-being) can occur.

Strong attachments become "holding environments" in Kahn's (2001) work. Such environments are safe places where people can express emotions and examine startling or otherwise anxiety-producing situations. Within these holding environments, people are particularly skilled at demonstrating care and concern for one another. Such relationships do not necessarily imply enduring friendships, but rather, they are more closely linked with work tasks and environments. Several factors facilitate the development and sustenance of these holding environments. First, there must be some optimum level of anxiety that causes people to seek out others, yet there must not be so much anxiety that people become too anxious or too defensive to receive help from others. Second, moving toward one another for help requires trust; yet building trust requires people to initially make themselves vulnerable to others, and people vary in this ability. Third, people must be physically and emotionally available for, and skilled at, creating holding environments. Fourth, people must be competent receivers of care. Successful holding environments generate positive experiences and outcomes for all involved parties. Holding others offers the pleasure of helping others find their way, and of caring for them in difficult moments, and being used in the service of others' growth:

> People help others move further along the paths of dealing with anxiety-arousing situations by helping them clear away the underbrush of troubling emotions, by affirming their sense of themselves as competent, and by helping them see and engage their next steps more clearly. As a result, receivers may (re)acquire the capacity to work undiminished by anxiety (Kahn, 2001: 270).

Success in holding environments fosters further success as a steady progression toward intimacy develops and people become quicker and more effective in engaging in the joint actions of holding and receiving (Kahn, 2001: 270).

Kahn's work highlights the high degree of relational skill that is required for the effective giving and receiving of care – and thus in creating and sustaining caring relationships. These include his behavioural dimensions listed in Table 1, but also, finely-honed skills of being able to read emotional cues and contexts, to be able to notice subtle nuances in a relationship and to know when to 'be there', and when to 'back off' so as not to intrude or abandon the other. And, his research shows the damage done when these skills are absent or poorly performed. A central sustaining dynamic is the repetition of caregiving acts over time, which, in Kahn's (2001) terms, coalesces into anchoring relationships. Again, we see a progression from mutually affirming interactions toward more enduring mutually supportive and caring relationships.

Discussion

The specific focus on positive interactions and relationships in these three works provides insights about how such interactions and relationships are created and sustained over time in organizational contexts. First, we learn from the work of Fletcher (1998, 1994) that assumptions of the importance of mutuality, interdependence, and collaboration in relating and working together might be crucial in initiating mutually affirming interactions and in developing caring relationships. Second, we learn from all three works that creating and sustaining these interactions and relationships requires high levels of skill and intuition. While the psychology literatures cited in the previous section highlight patterns of interaction that produce feelings of connection and belonging integral to well-being, the research in organization studies highlights the particular skills that are required to enact these patterns of interaction. These include mindful attunement to the emotional context of oneself and others, being vulnerable enough to receive care from others, inquiring, supporting, empathizing, knowing when to support and when to leave the other alone, and following up when feelings are hurt, to name just a few. Third, we see some evidence of generative spirals of interaction. High quality connections (Dutton & Heaphy, 2003) and mutual empowering (Fletcher, 1998, 1994) generate feelings of zest and energy and interest in continuing the connection, and even in developing new connections with others. In this, we see how existing interactions or relationships are reinforced and sustained while new ones are fostered. Fourth, we also see sustaining dynamics in the fact that quality connections with others seem to help people in relationships withstand strains and tensions and to forestall degenerative spirals of interaction (Dutton & Heaphy, 2003). Fifth, there is some indication that language (i.e. using collaborative versus confrontational language) may play some role in creating and sustaining mutually affirming interactions and caring relationships. Finally, these works affirm that we might view well-being-conducive interactions and relationships at work as a progression – from high quality connections or mutually affirming interactions, which, repeated over time, develop into more enduring, caring relationships.

These works, however, have their limits in helping understand how well-being-conducive interactions and relationships are created and sustained in work contexts. First, of course, is that none of them have focused specifically on creating and sustaining relationships. At best, we can make some informed guesses about what really happens in organizational settings, but it is necessary to conduct inquiry that explicitly focuses on these dynamics.

Second, with the exception of Dutton and Heaphy's (2003) work on high quality connections, the research of Kahn (2001, 1998, 1993) and Fletcher (1998, 1994) focuses primarily on work units characterized by some form of relational dysfunction. For example, Kahn's (1993) findings are derived from the study of dysfunctional flows of caregiving; his (1998) explication of relational systems is similarly based on the study of systems characterized by dysfunction. The insights he has developed from these studies are highly informative and useful, yet we must consider that the study of positive or functional systems may produce different findings and explanations. For example, he has emphasized relational responses that assist in the management of work-related anxiety and stress. Might relational responses also be developed around experiences of joy and enthusiasm?

Finally, I have focused in this section on dyadic interactions and relationships, but I have ignored the broader social environment, or what psychologists Reis, Collins and Berscheid (2000) call the "ecological niche" in which dyadic relationships are nested (and which, in turn, they also help to shape). In the next, and final section of this chapter, I focus on these broader, organization-wide dynamics that might shape the creation and sustenance of mutually affirming interactions and caring relationships.

Supporting Work Relationships and Interactions That Produce Well-Being: Organization-Wide Dynamics

High quality connections and caring relationships flourish or sour depending upon the social contexts in which they are embedded (Gordon, 1996). In organizational studies, what is least understood in the literature regarding caring relationships is how and why such relationships flourish. Dutton and Heaphy (2003), as noted above, articulate the possibilities of HQCs in organizations should organizations be able to provide the “fertile ground” from which they can germinate and blossom. The only problem is, exactly *how* might this fertile ground be created? What does it look like? And, how might this fertile ground be sustained over time? Through what dynamics and processes are caring relationships created and sustained?

Kahn’s (2005, 2001, 1998, 1993) work on holding environments, relational systems, and patterns of caregiving in caregiving organizations is helpful in this regard. Kahn (1993) mapped flows of caregiving occurring among organizational members and described various functional and dysfunctional patterns, ultimately mapping these flows within the organization. In so doing he begins to describe the broader relational dynamics occurring within the organization. Expanding on this work, he mapped the systems of emotional attachments among members, noting the strength and direction of the attachments of each relationship, ultimately revealing the aggregation of strong and weak attachments in the system – what he calls a relational system (Kahn, 1998). The best relational systems, he argues, are those that have the potential for every member to be strongly attached to another. In this way, each member has a lifeline to draw upon in times of anxiety and discomfort. Dysfunctional relational systems on the other hand, deny these lifelines to some members, leaving them adrift. This occurs when people abandon others by ignoring or withdrawing from them or otherwise being insensitive, or when they intrude upon them by interrupting, taking over, or in other ways obliterating their experiences and expressed needs, which effectively silences them – they are left unseen and unknown and "metaphorically dropped, rather than held" (Kahn, 1998: 47). Left adrift, these people withdraw physically and emotionally from their work. Fragmentation occurs, creating "us-them" dynamics as people, angered and frustrated and hostile toward offending groups, create their own caregiving groups. Eventually, these dynamics fray the entire relational fabric as people become preoccupied with interpreting the latest insult or dynamic. In an ongoing degenerative spiral of interactions, energies are drained away from caring for care seekers, resulting in a loss of meaning, greater feelings of being unappreciated, and a hardened attitude toward clients. The capacity of the entire organization to care effectively for those it serves is significantly attenuated in this way.

Kahn (2001) elaborates also on group and organizational dynamics that facilitate the creation and sustenance of holding environments. These include group norms which shape the extent to which holding behaviours are deemed acceptable, and "the extent to which members are allowed to be appropriately authentic, present and self-disclosing with one another" (Kahn, 2001: 274). Norms about openness and intimacy, for example, make the expression of care either legitimate or not, and thus shape members' availability to one another for seeking, receiving, or providing emotional support. Second, intergroup relations within an organizational context are shaped by boundaries, power differences, affective patterns, cognitive formations and leadership behaviour that characterize each group, thereby shaping the extent to which members of different groups can create holding environments for one another. Finally, other organizational factors are also important. Kahn (1993), for example, found that short-staffing, impending change within the organization, and leader qualities can shape the capacity of organizations to create holding environments.

Finally, important to surface from Kahn's (1998: 40) work is his focus on the affective nature of relationships and his discovery, beneath formal role relationships, of a "series of emotional waterways connecting and disconnecting people". I find this phrase "emotional waterways" to be most intriguing and resonant with other works on emotions in organizations. Frost, Dutton, Worline, and Wilson (2000), for example, speak of emotional ecologies of compassion in organizations. Some emotional ecologies, grounded in shared values, beliefs and norms, enable the expression of caring and compassion for others; other ecologies do not. Waldron (2000: 80) similarly speaks of the inherently social nature of emotions, referring to working as a "collaborative emotional performance". Such views draw attention away from individuals and dyadic exchanges to the broader social systems in which they transpire.

Fletcher (1998) also lends helpful insight into organizational dynamics that enable or thwart the giving and receiving of care. Having shown how female engineers, through their relational practices, contributed significantly to the success of a work project, Fletcher admits to presenting a sanitized version of events which focused only on behaviours "motivated by a belief in the preeminence of connection and [that] highlight the relational skills required to enact them, such as empathy, mutuality, reciprocity, and a sensitivity to emotional contexts" (1998: 174). She goes on to show how each of these practices were "disappeared" in the broader organizational environment which was hostile to the basic assumptions underlying them. In this engineering firm:

> [A]utonomy, self-promotion, and individual heroics were highly prized…time was a surrogate for commitment and competence was measured by short-term results. Not only was technical competence highly valued and seen as the route to organizational power, but self-promotion was considered a display of competence. Real work was consistently defined as solving problems, and engineers who moved on to supervisory positions even spoke of 'no longer having a job' because all they did now was help other people do their work. It was a culture in which the definition of outcome was clear: outcomes were tangible, measurable, and concrete. In fact, in this environment, if something was not quantifiable, it was assumed to be of no consequence and often was eliminated as a variable (Fletcher, 1998: 175).

Because the engineers' relational practices contradicted strong norms of individualism, competition and self-promotion, they were ultimately "disappeared" - brushed off or dismissed as not being part of "the work" because they violated the organization's deeply embedded "truth rules". Regarding "mutual empowering", for example, Fletcher notes:

> In a culture of independence and self-promotion – where individual achievement is what's prized and competition means beating the other guy out so you finish on top – voluntarily helping others achieve was puzzling behavior. Enacting a relational belief system in which interdependence is a natural state and enabling others is a source of self-esteem so violated professional norms that it seemed to only way to make sense of the behavior was to attribute it to either powerlessness or naivete (Fletcher, 1998: 176).

Each of the other relational practices was similarly "disappeared", often through misattribution of intentions. For example, the engineers' helpful behaviours were viewed by others as personal idiosyncracies or weaknesses, rather than as actions intended to accomplish the work in a more effective manner. Another roadblock to acknowledging these relational practices was the lack of a language that recognized them as an integral part of "work".

In explicating how these relational practices get "disappeared", Fletcher's work provides clues as to what might sustain caring relationships in organizations. These include an orientation toward collectivity and working together, and an appreciation for the value of relational practices as an integral part of work. Fletcher (1998, 1994) urges us to find ways to make relational work in organizations visible and to illuminate their intrinsic value as "work", rather than extra behaviours. She calls for the need to explore relational phenomena from two sides – to understand both parties in interaction. Her work is particularly valuable because so many organizations today are calling for collaboration and less hierarchical and more team-based structures; yet, change is unlikely to occur in places such as this engineering firm where relational practices that enable collaboration are powerfully undermined.

Further insights in this regard can be gained from Hoffer-Gittell's (2003) study of Southwest Airlines in which she elaborates structural elements and bundled relational and organizing practices that foster high quality relationships and communication. For example, she shows how credible leadership, high supervisor-employee ratios, relational competence training, and mutual respect facilitate relational coordination. Importantly, these practices also enable coordination of interdependent work. In identifying bundled sets of practices, Hoffer-Gittell's work shows that structural elements in organizations, including leadership, are significantly associated with generating positive relationships.

Discussion

The study of positive and caring relationships in organizations is in its infancy. One significant area for further development is understanding the organization-wide dynamics and processes that enable the creation and sustenance of caring relationships. The works cited herein offer insight, but again, are primarily based on the study of dysfunctional organizations in terms of caring relationships. Several important clues, however, are provided. The first is that emotions are central. Kahn's (1998) observation that a series of "emotional waterways" connects and disconnects people from one another is a key insight that tells us to look toward the emotional dynamics of people in relation with one another, and further, to consider how the broader organizational environment shapes these dynamics. Second, organizational norms, values, and beliefs appear to play a central role in determining the extent to which caring behaviours and relationships are deemed to be normal and acceptable. As Fletcher (1998) has dramatically demonstrated, norms and values play a central role in enabling or "disappearing" caring relational practices. Values that embrace collectivity and collaboration, rather than rugged individualism and competition, seem to make an important impact on the capacity of organizational members to create and sustain caring relationships. Third, creation and sustenance of caring relationships requires relational competence such as empathy, mutuality, reciprocity, and sensitivity to emotional contexts. Understanding how this competence is nurtured and developed should yield further insights into the creation and sustenance of caring relationships. Fourth, and finally, organizational factors such as levels of staffing, whether or not the organization is facing significant change, quality and nature of leadership, and the ratio of leaders to employees have been found by some researchers to impact caregiving behaviours and positive relationships in organizations. These clues direct us toward consideration of organizing practices and structural features that enable germination and ongoing nourishment of caring relationships.

There are many questions to be asked and answered in terms of understanding how, at the organizational level, well-being-conducive or caring relationships are created and sustained. Central is the question, *How do caregiving organizations support interactions and relationships that produce well-being?* This is the second research question that guides my inquiry.

In the next chapter, I outline the methodological approach adopted in order to answer this question and the first (*How do members of a caregiving organization produce well-being through their day-to-day interactions and ongoing relationships with one another?).*

CHAPTER 3. METHODOLOGICAL APPROACH: INTERPRETIVE ETHNOGRAPHY

My interest in understanding the lived and situated experience of workers in transaction with each other locates this research within an interpretivist paradigm. Most important to interpretive researchers is how people "understand their worlds and create and share meanings about their lives", thus, the aim of social research is to "figure out what events mean, how people adapt, and how they view what has happened to them and around them" (Rubin & Rubin, 1995: 34). Through systematic processes of inquiry and analysis, interpretive researchers develop responsible second-order interpretations about peoples' first-order theories of their personal experiences (Locke, 2001; Gephart, 1999).

While interpretive researchers have many methodological tools at their disposal for accessing the personal experiences of social actors, an ethnographic approach was particularly well-suited to my aims of understanding the relational dynamics that foster well-being through working. Ethnographic approaches enable not only observation of interactions occurring between organizational members, but also create the possibility for the researcher to experience such interactions first hand, enabling a thoroughly "emic" approach. As Prus (1996: 103) notes,

> [E]thnographers assume the task of achieving intersubjective understandings of the people participating in the settings under consideration. Ethnographic inquiry requires that researchers pursue and present the viewpoints of those with whom they have contact. Thus, ethnographers strive for intimate familiarity with the lived experiences of those they study and they attempt to convey as fully as possible the viewpoints and practices of these people to others.

While ethnographic research can take numerous forms (Van Maanen, 1995), most suited to my purposes was an approach that allowed me to immerse myself in the social setting. I found guidance in the work and ideas of organizational theorists Bradbury and Lichtenstein (2000) who argue for a relationality orientation and methodology that enables researchers to capture the interdependent and intersubjective nature of social-organizational phenomena. They note that from a relational perspective, the focus is on relationships transpiring among members, rather than on the properties of individual actors:

> Taking a relational orientation suggests that the real work of the human organization occurs within the space of interaction between its members. Thus the theorist must account for the relationships among, rather than the individual properties of, organizational members (Bradbury & Lichtenstein, 2000: 551)

In other words, the researcher focuses on what is transpiring in the "space between" (Josselson, 1996; Buber, 1970) people as they carry out their day-to-day work together. Methodologically, this means that the researcher must also consider her impact on study participants, and in turn, their impact on her. This approach breaks from the Cartesian assumption that the researcher is an objective outsider looking within. Rather it transcends this split by assuming that the researcher is best located *within and in transaction with* the system under study (Bradbury & Lichtenstein, 2000). When the researcher enters the field, she becomes part of the web of relations that compose that field; the relationship between the researcher and the study participants is intersubjective and interdependent. In short, the presence of the researcher alters pre-existing relations among actors and changes the social landscape. This is inescapable but can be used to the researcher's advantage for she then truly becomes an instrument – becoming enmeshed in the social fabric of the organization enables her to learn, first-hand, what happens in the "space between" that connects people to one another.

I also found guidance in the work of anthropologist Michael Jackson (1989) who embraces the processual, dialectical, dialogical nature and spaciotemporal locatedness of human experience. For example, consider the dialectical tensions he incorporates in his description of lived experience: "[It] accommodat[es] a shifting sense of ourselves, as "acting upon the world *and* being acted upon by the world, of living with *and* without certainty, of belonging *and* being estranged" [emphasis added] (1989: 2). Jackson further argues the self is a function of being involved with others in a world "of ever altering interests and directions" (p. 2), indicating the continual flux and flow of life.

To embrace this view in his research, Jackson draws from William James' radical empiricism which understands people as continually being changed by, as well as changing, the experience of others. Like Bradbury and Lichtenstein (2000), he argues:

> The importance of this view... is that it stresses the ethnographer's *interactions* with those he or she ... studies, while urging us to clarify the ways in which our knowledge is grounded in our practical, personal, and participatory experience in the field as much as our detached observations. Unlike traditional empiricism which draws a definite boundary between observer and observed...radical empiricism .... makes the *interplay* between these ...the focus of its interest.... It is the interaction of observer and observed which is crucial [emphasis in original] (Jackson, 1989: 3).

These sentiments are resonant with Shotter's (1993: 156) comment that social scientists have a great advantage over natural scientists. While natural scientists can only observe phenomena from the outside, social scientists have the ability to experience their subject from the inside – to develop "knowledge from within" the phenomenon itself:

> We can know more about our own and other peoples' experiences and actions – in which we have acted as participants, indeed as authors and not as mere observers – than we can ever know about non-human nature, which we can only observe from the outside.

This means that the experience of the researcher and his/her interactions and intersubjectivity *with* research participants are embraced in the field of inquiry and the researcher's experiences become primary data. Humphreys, Brown and Hatch (2003: 11) argue similarly for an ethnography in which the inquirer is "of the data". This offers the possibility for the mutual exploration of both self and other, which accomplishes the aim of understanding the relational space that connects people to one another.

To achieve this closeness with research participants, Bradbury and Lichtenstein (2000); Shotter (1993); Jackson (1989); and Humphreys et al. (2003) argue the ethnographer must become immersed in the everyday lifeworld and activities of the study participants. Humphreys et al. (2003: 13), for example, suggest that "ethnographers in the field try to interject themselves in others' experience by joining in their situations and 'jamming' along with them until they get a feel of the *tune* that their subjects are playing" [emphasis in original]. And Jackson (1989: 9) recommends the researcher should desist from taking notes as a distant observer and instead become engaged in the activities at hand:

> To desist from taking notes, to listen, watch, smell, touch, dance, learn to cook, make mats, light a fire, farm – such practical and social skills should be as constitutive of our understanding as verbal statements and espoused beliefs. Knowledge belongs to the world of our social existence, not just to the world of academe. We must come to it through participation as well as observation and not dismiss lived experience – the actual relationships that mediate our understanding of, and sustain us in, another culture.

My approach, then, was not one of remaining distant from my study participants; rather, I became enmeshed in their day to day work lives, and they in mine. (I did desist from taking field notes "in the moment" - but wrote furiously afterward.) In the process, I arrived at an empathetic, albeit inevitably incomplete understanding of their lived experiences.

Four Phase Approach

Congruent with most ethnographic research, the research evolved in four stages (Hicks, 1984) which included first, gaining access; second, entering and becoming familiar with the field setting; third, honing my focus and intensifying data collection; and finally, exit from the field which provided the necessary distance and space for intensive analysis and writing. In the following sections, I describe my activities in each phase, including elaboration of data collection strategies and a detailed description of the iterative yet systematic process of data analysis and writing that yielded this interpretation/theorization of how members of a caregiving organization create and sustain work relationships that produce well-being. This chapter is concluded with a portrait of, and introduction to, the research setting.

Phase One: Gaining Access to the Field

In the first stage of the research, access to the field was secured. As part of the Health Organization Studies (HOS) group at the University of Alberta School of Business, I was involved in an ongoing research project with the Cottonwood Regional Health Authority (CRHA). Overseeing this research was an advisory committee, composed of CRHA and HOS members. At a July, 2004 meeting of this group, I inquired if there was a facility within the CRHA that stood out from others as a particularly good place to work. Of fifty-three service delivery sites in the region, twenty-one of which were rural hospital and care centres, the Valleytown Hospital and Care Centre (VHCC) was named immediately by more than one member of the committee. The VHCC, they said, stood out not only as a place were staff seemed happy but also where exemplary care was consistently provided to patients and residents. These recommendations cohered with others I'd received – one from a current staff member who described the VHCC as "not perfect, but the best place I've ever worked"; another from a former administrator of another health organization who was familiar with the VHCC; and another from an acquaintance whose mother was so pleased with the care she was receiving in Valleytown's Care Centre that she refused to move to a facility closer to her family and friends.

On August 31, 2004, I met with the Site Leader of the VHCC, whom I shall name "Diane", to discuss my research. I diverge briefly here to describe, via narrative, my experience of this day:

> *My early days of field work were filled with surprises. On my first visit to talk with Diane, the Site Leader, about the possibility of doing my research in Valleytown, I arrived feeling apprehensive. Who would want an intruder, a spy, hanging around and asking questions for several months? I was welcomed with open arms. Diane was not only warm and welcoming, but she listened attentively and we moved quickly into a deep conversation about individual and collective well-being. Apprehension turned into inspiration. But our meeting did not end, as I'd anticipated, with a conversation. I was surprised when an expected half-hour visit ended up taking the entire afternoon.*
>
> *After agreeing wholeheartedly to the research and discussing the details, Diane toured me through the entire facility. She introduced me to staff in each department and explained that I would be spending several months in Valleytown studying well-being. It seemed she knew all of the staff – not just their names, but details about their lives and who they are as people. They conversed easily with seldom a hint of the usual "boss-subordinate" dynamic. And, not only was I introduced to staff, I was also introduced to several Care Centre residents. Conversing with these people fondly and respectfully, Diane became even more animated. Strolling into Area I, the dementia care unit, we encountered several residents sitting around tables having coffee and listening to some lively guitar and banjo music while a care aide baked*

cookies. The cookies filled the air with a tantalizing aroma. The music came from a CD recorded by one of the residents before dementia brought her to the VHCC. Diane knelt in front of this woman and asked, "Elizabeth, do you still sing?". Years faded from Elizabeth's face as she grinned and began to sing - clearly, strongly, beautifully, wistfully. Her face lit up the room! I was moved to tears. When I mentioned to Diane later how wonderful that moment had been, she grinned and said, "Yeah, and that's what it's all about". And that is how my field work began. I arrived apprehensive and left feeling completely energized, invigorated and in awe of what I'd seen, heard, and felt. It was the first of many, many days that I would leave feeling this way.

Wholeheartedly endorsing my research ideas and approach, the Site Leader invited me aboard, suggesting I enter the facility as a researcher/volunteer. While she vetted this with CRHA senior leadership, I prepared at her request, a short written note that provided a self-introduction and an overview of my research. This note was subsequently attached to all employees' pay stubs early in September (See Appendix A). The note created a general awareness of who I was and what I would be doing in the facility. I also met with the VHCC's Volunteer Coordinator who arranged for me to come on board as a researcher/volunteer. This included a Criminal Record Check via the RCMP. In September, I presented my research ideas and intended approach at the VHCC's monthly Facility Leadership Team meeting and received the team's support.

Phase Two: Entry Into the Field

I officially entered the field on September 16[7]. From this day forward, I spent, on average, two to three days a week in the facility. In this early phase, my priority was gaining a broad understanding of the people, the setting, and the work carried out there. This was a time also of identifying several key informants and beginning to build relationships with them, as well as building rapport with many of the staff who soon became accustomed to my presence. A sign of success was when one of my key informants laughed one day and said, "Oh, Kathy, you've become such a part of the landscape that I forgot you are a volunteer".

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[7] See Appendices B-F for the information letter and consent forms I used throughout the research.

Typical of ethnographic research, my theoretical focus at this point was broad and flexible (Hammersley & Atkinson, 1995): exploring the relationship between the experience of working and the experience of well-being, with some idea that relationships would be somehow important. Coming in as a researcher-volunteer enabled me access to multiple CRHA and VHCC resources, including access to the CRHA's internal web site and e-mail. More importantly, this capacity allowed me to work alongside VHCC members while being covered from a liability perspective of the VHCC. Being clearly identified as a researcher allowed me to move freely about the facility, asking questions, seeking clarification, and just generally engaging people in conversation. In this capacity, then, I began to spend time working alongside people in each department.

Data collection in the form of participant observation began in earnest from the first day forward. The roots of this method lie in social and cultural anthropology, and its aim is to gain in-depth "emic" perspectives and understandings of cultural groups in their natural settings (Ellen, 1984; Hammersley & Atkinson, 1983/1997). This was an advantageous approach for me in several ways. First, it situated me directly within the work environment, allowing me to observe people carrying out their work with each other, and to experience, first-hand, some of the aspects of their work – what it *feels* like to carry out the work (issues or concerns that are raised, problems and how they are dealt with, satisfactions) and how it is organized and managed. Second, it allowed me some degree of reciprocity. These people had generously welcomed me, and it was important to me to return the favour, even if only in some small way. Third, spending time in each department enabled me to see how they worked together (or not). Finally, and most important, participant observation enmeshed me in the relational fabric of the work environment, enabling me to develop an empathetic understanding of the constellation and nature of relationships among VHCC members. This, combined with my willingness to roll up my sleeves and work alongside members, no matter the task, helped VHCC members to begin to know, trust, and accept me. This trust was further developed by my commitment to never reveal to a VHCC member what another had said in confidence. I also refrained from "taking sides" and avoided privileging one perspective over another by developing relationships with key informants from various locations within the facility and its hierarchy.

I captured my experiences in field notes, a catch-all phrase for several kinds of notes taken in the field. For me, these included quick jottings on snippets of paper while in the field, or occasionally a quick e-mail to myself at my home address. Later, at home, these notes were elaborated into formal field notes. Finding this process to be painfully demanding and time-consuming at times, I nevertheless endeavoured to capture as much detail as possible without honing in on any particular foci or questions. Following the advice of Spradley (1980), I wrote about what I saw and heard: people, their activities, sequences of events, conversations I heard and/or participated in, the feelings people expressed, and the goals they articulated. I also wrote about what I *felt* as I participated in and observed the everyday life of VHCC members. Over the course of the field work, this process yielded close to four hundred pages of type-written notes.

At the same time, I maintained a research journal which included reflections and musings about events, actors, and the context, as well as reflections on analysis (emerging themes, hunches and possibilities, patterns and connections observed, things that were confusing) and research method (reflections on how and why new strategies were adopted and why others were less helpful – such as the introduction of cameras and the use of photovoice). This was where I also recorded ideas from various literatures that seemed to connect with my observations. This process yielded 240 pages of typewritten notes.

In my capacity as researcher/volunteer, I engaged in a variety of activities. I typed thank-you letters for the administrative assistant; helped prepare and serve meals, and washed dishes alongside kitchen staff; spent a day in the pharmacy; swept, scrubbed and polished alongside housekeepers; baked cinnamon buns with residents and recreational therapy staff; fixed wheelchairs with the occupational therapy aide; and applied hot packs and helped ambulate residents with the physiotherapy staff. I became certified to feed residents and spent many meal times assisting them with their meals, observing interactions among staff in the process. I also shadowed nursing staff in the acute care hospital and in the care centre. (One fond memory is of me on my knees early one morning, clumsily helping a resident put on her elastic stockings. Later, she commented crustily to my 'buddy', a personal care aide: *"You've got a new girl working here and she don't know squat!"*). I learned what happens in the radiology dark room and what happens to all those tubes of blood once the laboratory technician pulls them from a patient's arm. I folded hundreds of pounds of residents' clothes with the laundry person and wrangled (sometimes unsuccessfully) heavy, awkward carts stacked with supplies up to the nursing units with the materials management worker. Aside from these activities, there were many other days when I just 'hung out' and helped out wherever necessary. In addition, I attended monthly Facility Leadership Team meetings.

Early on, the benefits of this approach were realized. I learned, for example, far more about a housekeeper's lived experiences by working alongside her rather than watching 'objectively' with a mental clipboard in hand. Following Jackson's (1989) advice - dropping the notebook and pulling up my sleeves - enabled me to vividly experience the work. It enabled me, for example, to see how she sensitively changed her routine to accommodate a dying patient; to see how she chatted with patients as she carried out her work; to encounter the grunginess of the floor around the toilet bowl; to realize the obsession with bacteria; to feel invisible to nursing staff; to feel frustrated when someone made tracks on our freshly mopped floor and to worry they might slip and fall; to feel exhausted by the physical work (not to mention that little twinge between my shoulder blades); to see how she made sure everything was in place for the person coming on after her (and how she wrote a note to this person to say she had help today, so not to feel bad about how much work there'd been to do) - and then to feel so affirmed by co-workers who understood *all* of this. Beyond what could be seen by the eye and heard by the ear, this kind of immersion was a full body encounter!

Allowing this level of immersion yielded more surprises as the field work progressed:

> *The surprises continued as the path between my home and the VHCC became well-worn. I began to take careful notice of how people interacted with one another. There seemed to be such easy camaraderie, respect, and caring for one another. Few people, if any, seemed to be putting on airs, making a show, or trying to be something or somebody they were not. What? No power trips? No politics? Most surprising was how people were so welcoming to me as a stranger – they'd smile at*

> *me in the halls and say "Hello!". Jeanine, a housekeeper, introduced herself and invited me to her department's upcoming Halloween pot-luck lunch. I was surprised also at how people so frequently crossed the boundaries of roles and responsibilities. Housekeeping staff feeding residents when nursing staff was having a busy day. Physiotherapy staff portering residents to recreation therapy events. And, I was surprised at what I didn't see: very little griping about one another, no back-biting, no back-stabbing, no passive-aggressive stuff. What? Surely this place was not 'for real'!! I anticipated as time went on I would see what was really going on beneath the surface. And with time, I did come to understand that Valleytown is not nirvana. It has its flaws and foibles but these imperfections seem to enhance, rather than detract from, its beauty as a humane and caring place. The character and feel of this relational environment remained consistently warm, welcoming and lighthearted throughout my time there. Members assured me it had "always" been that way – in fact, it had been even better in the past.*

As I observed everyday life in Valleytown, it became increasingly apparent that the foundational ground of this place is a rich and complex aggregation of caring relationships – of mutual concern, of laughter, joy, and camaraderie and compassion - creating a buoyant, inclusive, warm, and welcoming atmosphere. There were frequent instances of heedful interrelating (Weick & Roberts, 1993) – intimate dances between co-workers where one wordlessly anticipated not only the next steps of the other, but also his or her emotional state.

Participant observation as researcher/volunteer became instrumental in discovering the dynamics that generated and sustained these kinds of relationships. This active engagement in everyday VHCC life offered me the opportunity to understand, first-hand, how caring relationships develop over time in this facility. It was impossible not to be touched by these people and their acts of humanity. It was impossible to remain aloof and detached and objective when people would greet me with such enthusiasm and warmth and interest in my well-being. The richness of the data I gathered in those ten months is due to the fact that I allowed myself to be embraced by this place and these people – and in so doing to create new relationships, some of which became and remain meaningful.

Most often I enjoyed the sharing of laughter and humour, but there were also times of exhilaration and other times of sadness and grief. There were heartfelt conversations about our own mortality and the meaning of life – conversations made richer in this environment where the vulnerabilities of the body and the strength of the human soul are rendered so visible. Life-giving interaction by life-giving interaction, relationships developed. A series of high quality connections, repeated over time, began to weave a tapestry of shared experiences, feelings of connection, belonging, and joy. Feeling seen and heard and known and appreciated by these people, my own sense of well-being prospered. Being in this place with these people affirmed that my work was meaningful, and this, too, heightened my sense of well-being.

Following the advice of Bradbury and Lichtenstein (2000), Humphreys et al. (2003), and Jackson (1989), distant objectivity was never my aim in this endeavour. From an interpretive and dialogical stance, this level of immersion in the social milieu was crucial in order to understand relational dynamics occurring among VHCC members (and myself). This immersion required bringing my whole self to the research. It required me to be vulnerable and open to whatever may transpire in the course of the research. Never did I identify more with the phrase “researcher as research tool”.

And yet, this did not mean that I became so enmeshed in the social fabric that I succumbed to the temptation to “go native”. Indeed, there were days when I felt totally immersed and in communion with these people and this place, and the temptation to do so was strong. But more often, my experience was one of liminality – a sense of being "betwixt and between" (Jackson, 1995) this practice world and the academic world. In the academic world, it is usually my long history as a practitioner that creates for me a sense of liminality – of not fully belonging to either world. Returning to the practice world – the VHCC – however, I could not escape my academic inquisitiveness and desire to question, explore, and theorize about what I was seeing. In prototypical dialectical fashion, I simultaneously felt embraced by, and in communion with, many VHCC members, and also distant and different from them, given my task and purpose. I danced between subjectivity (deep immersion in the field experience) and objectivity (standing back to reflect on my own experiences and on what I was seeing in the field).

I found two things immeasurably helpful in navigating this tension between communion and distance. First, was to remove myself from the field from time to time - to stand back and reflect on what I was seeing, hearing, and feeling. Other demands in my life offered natural breaks in the research. During these times I attended to other concerns – teaching, time with family – while thoughts of the fieldwork simmered slowly in the background. I also read extensively in a variety of fields including organizational studies, communication studies, nursing, philosophy, and sociology. Two foci occupied me. The first was on understanding more about caring relationships in organizational settings. The second focus was more ontological in nature – regarding relational or dialogical perspectives of human phenomena. All of these, as well as other less academic works such as the writings of Parker Palmer (2004, 1998) and Margaret Wheatley (2005) served as inspirational resources (Locke, Golden-Biddle & Feldman, 2004) that shaped my thinking and helped me theorize more abstractly about the research. Engaging in these activities simultaneously informed my observations in the field and provided potentially useful ideas that might help (or not) explain what I was seeing.

The second, and most helpful strategy was to engage in periodic conversations with my advisor, Karen Golden-Biddle, about the field experience. These conversations helped me to see the data in a different light. In telling my experiences and thoughts to Karen, I was able to, as Weick (1995: 18) suggests, understand more about what I was thinking by hearing what I was saying. She in turn, was able to help me think more abstractly about patterns in the data. This process was invaluable in moving me from the immediate field experience and its particular details to a more general level. As Tsoukas (1989) has noted, while empirical data might yield regularities, abstract conceptualization is required to imagine the generative dynamics that drive them. In our conversational process, Karen would respond to my comments and ask questions. She would pick out certain ideas and probe them with me, asking questions and making comments. In this fashion we would, together, construct various possible explanations for phenomena I had observed. She would also make suggestions about things I might want to explore or look for, but always these suggestions were presented in parallel with the sentiment, "I trust your instincts in the field, go where you feel you need to go in the research". These conversations were not only instrumental in helping me shape the research, but they also energized me and encouraged me to take the next step, whatever that might be.

All of this observation and initial relationship building set the stage for asking more sensitive questions in Phase Three (Hicks, 1984) of the research. Going into this phase, I was firmly grounded in the rich details and data about relationships among VHCC members and their interactions with care seekers. The surprise of my first day with Diane, the Site Leader, was only the beginning of many other surprises, or what I call arresting moments – moments of awe and elevation that inspired me to reflect more deeply on 'what was going on'. The Bed Project Celebration (described at the beginning of this document), which occurred early in the fieldwork, surrendered several arresting moments. But a myriad of other moments also jolted me, and yanked hard on my heart strings. These moments, along with ongoing observations and conversations, highlighted two related phenomena – the abundance of caring relationships among VHCC members, and genuine caring for patients and residents. My narrative continues:

> *As the field work continued, I experienced several 'arresting moments' – moments such as the one occurring between Diane and Elizabeth on that first day – that resonated deeply within. Beyond the immediate emotional response to these moments, reflection during analysis and writing, which coincided with immersion in literatures related to the ethics of care in health organizations, revealed the more enduring significance of why these were, indeed, arresting moments. These moments inevitably had to do with the moral elevation (Haidt, 2003; Frost, 1999) that occurs when one observes what Frank (2004) calls "generosity" and what I call, simply, caring and compassion in action:*
>
> *...The care aide casually seeking Maude's (a resident) advice about coping with menopause, allowing Maude an opportunity to teach, to advise, and to 'give to' – and in return to feel genuinely respected and appreciated as a valuable, and still contributing member of society.*
>
> *...The staff in acute care tending compassionately to a woman dying 'much too early'. In her final days of life, what she had to tell me was how good it was to be in the VHCC, cared for by "these wonderful staff". This caring did not come only from nursing staff - it came from the housekeeper, the laboratory technician, the unit clerk. It came from every VHCC member who touched her.*
>
> *...The lab technician who, recognizing the harried and stressful life of one of her patients, drops his x-rays (needed for a specialist appointment) off at his workplace on her way home, saving him a trip back to the hospital. It is a simple gesture, taking only a few minutes of her time, but, she tells me, it means a great deal to him.*
>
> *...How members care for one another. People described to me how they grieved together on occasions when tragedy struck one of their own – a beloved physician dies suddenly; a manager is killed in a car crash on her way to work. How everyone knows when a member's family turns up in emergency and 'it's not good', and how*

> *the emotional tone in the entire facility changes to one of concern for their colleague and his or her family.*
>
> *...How members cared for me. Entering this facility as a stranger, a 'spy', as I called myself, people from all parts of the facility extended themselves to me, enfolding me into their daily work lives. They included me, they saw me, they inquired about me, they held me. Indeed, if I were to summarize my experience of Valleytown in two words, those two words would be "feeling embraced".*
>
> *These caregivers see 'the other' as a whole and worthy person. They see beyond the infirmities, the disease, the disabilities – to recognize instead, the whole person before them. In their simple actions, they not only affirm the other as valuable but they also feel good about the work they are doing. In this way, they enact Frank's (2004: 4) definition of "care": "an occasion when people discover what each can be in relationship with the other". When they honour the other, they recognize the face of the other, affording dignity and becoming the healing presence that so often is missing in health organizations today. In these responsive and caring interactions with care seekers and co-workers, they generate together, a sense of well-being.*

But, what were the dynamics that enabled all of this to occur, and for such relational dynamics to be sustained over long periods of time?

Temporary Exit for Reflection, Analysis and Writing

In early December, the four month mark in the field work, I temporarily exited the field to attend a conference on positive relationships in the workplace at the University of Michigan. Several key insights developed for me there. First was an introduction to work in communication studies on "relating" (Baxter & Montgomery, 1996), which ultimately became important in shaping my perspective. Particularly thought-provoking at this conference were presentations by Bill Kahn and Denise Rousseau who urged us to look beyond dyadic relationships to the organizational contexts and dynamics that nurture them. Returning home, I took some time to hone my ideas and work on my candidacy paper. Around this time, Karen Golden-Biddle and I were invited to contribute to a symposium proposal for the Academy of Management meeting to be held the following August. Karen and I agreed this was an opportunity to advance my theorizing and so I took the lead on developing the abstract.

Writing the candidacy paper and the Academy abstract helped me clarify and refine my ideas. While I had amassed a great deal of descriptive data, I hadn't yet unearthed an understanding of the dynamics that enabled the kinds of actions described in my narrative above. The Academy submission required me to think analytically about the data, about various patterns of interactions I was seeing, about various processes that seemed to be contributing to what I was beginning to call the 'relational landscape' of the VHCC. Drawing from my observations, field notes, and readings in organizational studies and communication studies, I began to develop the notion of a 'caring relational landscape' and discerned there were two processes through which this landscape was sustained over time: co-authoring and navigating dialectical tensions. The walls in my office became covered with colorful sticky notes - data clips, ideas, local phrases used by VHCC members, broader themes - which I continually arranged and re-arranged, experimenting with various relationships between analytical categories and ideas. At the same time, I made copious handwritten notes which eventually became transformed into memos in my research journal.

Phase Three: Intensive Data Collection

In early January, I successfully completed my candidacy exam. Equipped with the broad research question, "How do people produce well-being as they work together?", and with my committee's blessing, I returned to the VHCC for a deeper level of observation and analysis. Data collection became more intensive and focused. I began to explore more specifically the nature of relationships within the facility – between individuals, between groups of individuals, between departments, and within the facility leadership team, as well as my own relationships with various members of the organization. What drives these relationships? What sustains them over time? How do they nurture well-being? I introduced two new methods of data collection: photovoice, and, toward the end of the fieldwork, interviews with a broad cross-section of VHCC members. A summary of data collected is presented in Table 2.

To this point, I had not focused on well-being, per se. Rather, I'd focused on simply understanding the environment, the people, and their activities. But in March, I introduced 'well-being' explicitly. Inspired by the work of Wang and Burris (1997), I attempted to implement a version of "photovoice", a method used by health workers for assessing community health. This process quite simply involves supplying people with cameras and film and asking them to document the day-to-day life of their community. The goal is to have people record, then reflect upon, their community's strengths and concerns. This promotes critical dialogue and discussion, and enables researchers and policy makers to perceive the world from the viewpoint of the people themselves. My intent was slightly different, however - to encourage members to take photographs of what it was about working in the VHCC that added to their well-being. I planned to develop the films then engage photographers in conversation about their photographs. After worrying for some time about managing the process and about how people would respond to this activity, I finally built up the nerve and 'just did it'.

Type of Data	Amount of Data	Time of Data Collection	How Data Was Used in Analysis and Theoretical Development
Observational Data:			
Observations as researcher/volunteer throughout the facility, 2-3 days/week for 10 months. Observations written up as field notes.	400 pages	September 2004 to June 2005	Field notes written each day in MS word document. Subsequently imported into QSR NVIVO for initial coding.
Interview Data:			
26 individual interviews 2 interviews with 2 people 1 interview with 3 people 1 focus group with 7 people (Total of 30 interviews with 40 participants)	570 pages	May and June, 2005	Transcribed interviews. Coded with QSR NVIVO to broadly theme data. Themes continually revised through ongoing comparison to develop understanding of members' perceptions of well-being and working in the VHCC, and to develop notion of the caring relational landscape and the processes of enacting core principles and navigating differences and tensions by which its caring nature is constructed and sustained.
Visual Data:			
Photovoice – VHCC members invited to take photographs of 'what is is about working in the VHCC that adds to your well-being'	100 images	March and April, 2005	Conversation with photographers about their photographs. *See text – this was not an entirely successful process.
Archival Data:			
Internal documents – meeting minutes; internal memos; historical documents – old board meeting minutes (reviewed on-site); and public documents – facility and regional newsletters; local community newspaper	150 pages	September 2004 to June 2005	Meeting minutes provided validation of observations of meetings. Other documents provided contextual depth in terms of understanding historical development of VHCC.

Table 2. Data Collection and Analysis

As it turned out, the process became messy and difficult. For each work unit, I distributed at least one and sometimes two disposable cameras, along with a colorful poster describing what I was after. Everyone I approached seemed to wholeheartedly embrace the idea; some began snapping pictures right away. Two weeks later, I collected the cameras, and was disappointed to find that most of them had been shelved away somewhere and forgotten. While some departments had used up their film, others had only captured one or two images. Further disappointment came once I'd developed the films and realized many images were unusable because the camera flash had not been engaged. Nevertheless, about one hundred images were usable. But then, it became almost impossible to track down the actual photographers, especially those who worked part-time or shift work. Without being able to converse with the photographers, the intent of the project was foiled. Discouraged, I eventually gave up on tracking people down. I was, however, able to converse with a handful of people about the photographs they'd taken. I also took note of the basic content of the images (almost all were either of co-workers or care seekers) but did not conduct more intensive analysis of this visual data.

In May and June I conducted and tape-recorded thirty semi-structured interviews with forty VHCC members. Of the thirty interviews, four involved multiple participants – two with two co-workers; one group of three co-workers, and one impromptu focus group with seven co-workers. In total, then, forty members participated in interviews, thirty-eight of whom were female. All interviews except three took place within the VHCC; two were conducted by phone, and one was conducted outside of the facility. I spoke to at least one person in each department of the VHCC. Ten interviewees were managers.

The remaining interviewees included non-managerial key informants, front line nursing and other clinical staff, support workers, including relative newcomers to the facility and those with much longer tenure. I also tried to interview people with divergent views. Most difficult was recruiting nursing staff for interviews. Their busy work days required that interviews occur after work or on days off, and in the month of June, some were not willing to make this sacrifice. Others, however, were very accommodating and willing to make time to talk with me. The interviews lasted from thirty minutes to almost two hours in length, yielding 570 pages of single-spaced transcript data.

A sampling of the questions I asked in these interviews is presented in Appendix G. While my approach was open and flexible, I consistently sought and explored participants' articulations of well-being, and how working in the VHCC influenced well-being. I also customized several interviews to include specific questions to follow-up on previous conversations or observations.

Throughout the field work, I also collected various pieces of archival data. These included weekly copies of the local newspaper in which thank-you notes from care seekers and family members and articles about VHCC events frequently appeared; historical documents, including minutes of board meetings since inception of the organization in 1914 (I did not review all of these documents); various meeting minutes, memos and e-mails; the CRHA's internal newsletter; and the VHCC's internal newsletter. These documents were used primarily to provide historical and contextual information.

Phase Four: Exiting the Field and Intensive Data Analysis

At the end of June, two activities marked my exit from the field. Both served as a form of closure for me and for VHCC members. First, rather than assuming my usual silent observer role, managers elected me to chair the June Facility Leadership Team meeting. Second, I served a decadent "Tiger" cake (a staff favourite) - to VHCC members in the cafeteria at lunchtime on June 23, my last day in the field (and in VHCC fashion, brought servings for evening and night staff up to the nursing units). This gaye me the opportunity to say "Thank you", and "Good-bye". Although I knew it was time to leave, and to get on with data analysis, it was sad day for me. From that day forward, data analysis intensified significantly and in various ways, which I describe below.

Reverse Analysis

My first task upon exit was to prepare a paper for the upcoming Academy of Management meeting. As had been the experience of writing the abstract for this paper in December, writing of the full paper was helpful in moving my analyses forward. Since at this point, I had not transcribed all of the interview tapes, I called this activity a process of 'reverse analysis' – preparation of a paper *before* completing data analysis. I relied upon my field notes, my embodied experience of the VHCC, and partial transcriptions of interviews that I knew were rich in detail. My initial draft of this paper outlined three processes contributing to "a good place to work that is a 'good place for residents to live" (congruent with the symposium's focus on relationships and quality of care): co-authoring, enacting core principles, and navigating dialectical tensions. Knowing this was too extensive for one paper, Karen advised me to select one process and develop it in detail, and to return later to the others as development of the dissertation. Most vibrant in the data for me at that point was the enactment of two sets of core principles: serving and treating people well, so this is where I focused my efforts. August brought a trip to Honolulu to present this paper at the annual Academy of Management meeting, followed by a vacation.

More Comprehensive and Intensive Analysis: Grounded Theory

In September, more comprehensive and intensive data analysis began. Adopting a grounded theory approach (Glaser & Strauss, 1967; Strauss & Corbin, 1998b; Locke, 2001) I systematically worked through the data to arrive at the theorization held within these pages. Let me now describe this process and its methodological grounding in greater detail.

In grounded theory research, the researcher attempts to generate theory from an inductive analysis of data through the iterative processes of constant comparative analysis. Two central features characterize grounded theory. First, this methodology is committed to discovery through contact with the social world; it is closely linked with the world of practice, and as such builds novel and accurate insights from the phenomenon under study. Second, grounded theory rejects a priori theorizing, instead encouraging researchers to use their "intellectual imagination" (Locke, 2001) to think creatively about their data and thus to arrive at new insights, ideas, and perspectives. Rather than depending upon existing theories, grounded theory is about developing new theories from the ground up – from observations and other data collected in the practice world.

This does not mean that existing theories are ignored nor disdained; indeed, they do provide some orienting ideas that become part of the researcher's intellectual imagination. Her knowledge of these extant theorizations sensitizes her to pertinent concepts that may (or may not) emerge in the research. The researcher does, however, bracket out these theories in order to remain open to new ideas and possibilities. As such, extant theories do not drive the inquiry - the emphasis is on *discovering something new,* and in this way, grounded theory methodology allows the emergence of new knowledge. For this reason, grounded theory was particularly salient for my inquiry into how well-being is produced in work relationships. By starting 'from the ground' rather than from a set of a priori variables, I was able to remain open to the discovery of new concepts and relationships.

Consistent with a grounded theory approach, my data analysis began early in the field work through writing of notes and analytical memos, conversations with Karen, writing of other documents, and excursions into extant literatures. Data coding and analysis continued simultaneously throughout the field work and beyond through an ongoing and iterative process of comparative analysis. This entailed examining incidents, observations, and contents of conversations with VHCC members, and assigning meaning to them, then comparing new incidents. Over time, this process yielded the development of broad categories of themes which I continually refined and ultimately pieced together in order to create a theory grounded in the study data (Locke, 2001). Memoing was a central element of this analytic process. This process of writing and reflecting on what I was seeing in the field helped me capture ideas when they surfaced (usually at three in the morning), and to make sense of, and articulate what was going on in the VHCC. The actual act of writing the memos surfaced new sights and helped me realize what I didn't understand, what ideas needed further elaboration, and what further information I might need. In this way I was able to further develop existing lines of thought and to generate new ones. Ultimately, I was able to transition from the theory emerging from the data to existing theories of relevance. Finally, this process helped me compose drafts of the empirical chapters of the dissertation (Locke, 2001).

While analysis had indeed begun early in the fieldwork and was strengthened by writing the Academy paper, the process intensified following exit from the field. I used several strategies in this process. First, I became very well acquainted with my data. This was rather easily accomplished since immersion in the field yielded not only a plethora of field notes, but also an indelible, embodied experience that included memories and feelings of my own lived experience while there. In addition, transcribing the thirty interviews myself, while frustratingly tedious, brought back more memories of the field and made me acutely aware of what was in the data. While memories of the field experience yielded a vibrant internal representation of the field work, field notes and interview transcripts provided an equally vibrant external, textual representation (Locke, Golden-Biddle & Feldman, 2004). Reading my field notes, researcher journal, and the interview transcripts many times, and along the way, marking passages, writing notes in the margins, and tabbing pages that contained key insights, increased my familiarity with the data.

I also imported interview transcripts and field notes into QSR's NVIVO, a data analysis software program. I did not use this program to its full capacities, but simply for initial coding purposes. I was able to scan each transcript and my field notes, and code the data into broad categories. Consistent with grounded theory procedures, this process led to the naming of seventy-nine nodes, some of which overlapped. These had titles such as "how we get along here"; "what I love about working here"; "tensions"; "dealing with irks"; "attunement". I printed out the data coded to each node and explored these in detail, writing more notes and memos. At the same time, I wrote ideas, themes, and concepts, and participant quotes on colorful sticky notes and pasted them on my office wall, experimenting with different possible models that would help explain the linkages among them. While I could have continued refining these codes with NVIVO, I opted instead to create data memos using MS Word. I also constructed various data tables to help me organize particular sets of data. One such table, for example, contained each interviewee's perceptions of well-being and how working in the VHCC influenced his/her well-being.

Generating Possible Interpretations

The next strategy was to generate several possible interpretations of the data, or what Locke, et al. (2004) call, expanding interpretive possibilities. Volume here is more important than perfection of fit between the data and an interpretation. This, in essence, is a creative process of playing with ideas and possibilities about how they fit together and how they might plausibly explain the data. This is a learning process through which the researcher is able to explore what she does not yet understand. As Locke et al. (2004: 24) write,

> We want to get a lot of ideas and potential interpretations, knowing that, at this point, perhaps none of the ideas are likely to be ultimately fulfilling. Various analytical practices can be used to cultivate the expansion opportunities. We might ask, what are all the ways in which our data are surprising? Or what is puzzling?

> How might a particularly interesting and surprising aspect of the data become viewed in all of its concreteness and from different, and importantly, conflicting or contrary perspectives?

This was a challenging process, given the amount of data I had to work with, and its potential for going in diverse theoretical directions. For example, within the data were themes resonant with extant theoretical concepts such as 'meaning', 'identity', 'emotions', 'positive relationships', 'relational dynamics', and so on. Ongoing scrutiny of the data led me back to extant literatures. Exploration of these possibilities as single explanations failed to yield the comprehensive bigger picture I was seeking to develop. I found greater resonance with Kahn's (1998, 1993) work on caregiving in organizations which helped me realize that most extant literatures on relationships in organizations focus on cognitive rather than affective dimensions. My data was rife with the affective dimensions of interactions. And yet, while my data resonated strongly with Kahn's dimensions, they also differed in that they were descriptors not of individual acts of caring occurring within particular relationships; rather, they were descriptions of the entire landscape of relationships. Also, peoples' comments about this relational landscape were more active rather than passive. There were larger dynamics at work that seemed to be sustaining an entire web or matrix of caring relationships. This led me to extend Kahn's ideas and develop further detail about how a 'caring relational landscape' is sustained over time. Here, Cunliffe's (2001) work on managers as practical authors was helpful. This in turn, led me back to the data to see if the notion of 'co-authoring' cohered. This is one example of how the analysis proceeded at this stage – working the data, referring to extant literatures, and trying out different explanations and different arrangements of ideas and processes. I developed a tentative model that showed the connections between well-being and a caring relational landscape, and three processes contributing to the ongoing creation and re-creation of this landscape. I began to write about this model, which brought me to the third strategy: selecting and shaping interpretations (Locke et al, 2004).

Selecting and Shaping Interpretations

Selecting and shaping interpretations is a process of narrowing in on a set of interpretations that seem most responsible in terms of explaining the data. This, too, is an iterative process of working and re-working the data, discarding less workable interpretations and honing those that are more plausible, given the data. It also involves consideration of the consumers of the research – and how the interpretation fits (or not) with the extant literature. A guiding question here is, "What is this a case of?" (Becker, 1986, cited in Locke et al., 2004: 28).

This was the most intense time of analysis, and it was marked by a tangible shift in my mind set, a ratcheting up of focus, and immersion in the work. Nothing else mattered but the data, writing, and theory development. Having played with the data and theoretical ideas for months, I was, by this point, overwhelmed with the volume of ideas I'd generated. This made me resist 'writing it up' for quite some time, but finally, I realized I must begin, and I did. Dumping ideas onto paper freed them from the clutter in my mind and helped me feel confident I'd captured all the important pieces of the puzzle. In tangible form, I was able to arrange and rearrange data, ideas and concepts, testing various possible interpretations of the findings and discarding ideas that weren't relevant.

The first draft of the dissertation, while containing many ideas, did not contain a concise enough articulation of theory. In fact, I realized that I had actually 'over-theorized' and stifled VHCC members' voices – I had laid a heavy hand on the data and, in so doing, stifled its vibrance and its own story. Backtracking, and in ongoing conversation with Karen about my work, I was able to lift my heavy handedness with the data and allow the voices of VHCC members to sing. In so doing, I was able to clarify, hone, and refine the theoretical work. In this way, the grounded theory, built as a bricolage (Cunliffe, 2003) of VHCC members' voices, my voice, and those of many other scholars, crystallized.

Evaluating the Research

The goal of interpretive ethnography is not to discern 'the truth, and nothing but the truth', nor the 'cold hard facts', but rather to explore how people construct their organizational realities (Cunliffe, 2003). At heart, the central evaluative criteria for an interpretive ethnography is how convincing it is. That is, *are the findings worth paying attention to?* As such, evaluative criteria such as authenticity, plausibility, and criticality (Golden-Biddle & Locke, 1993) come to the fore.

Authenticity "concerns the ability of the text to convey the vitality of everyday life encountered by the researcher in the field setting" (Golden-Biddle & Locke, 1993: 599). To meet this criterion, I incorporated ample evidence that I was indeed in the field and, as much as possible, tried to understand VHCC members' points of view. In addition, I have occasionally included my own narratives, such as the one that opened the dissertation, and the one interspersed throughout this chapter. Data has been integrally woven into my theoretical formulation through the use of "thick description" (Geertz, 1973) in alternation with my articulation of theory. Other strategies I have incorporated include delineating the relationship between the researcher and study participants; depicting the disciplined analytical procedures employed, and qualifying personal biases (Golden-Biddle & Locke, 1993).

The criteria of plausibility focuses not on the study setting, but rather on the reader of the research text and whether or not there is some convergence between the text and the reader's personal or professional experience or familiarity with its content. In other words – is the research contributing to theory through the generation of findings that make sense to others familiar with this area of inquiry? It is addressed through the question, "Does the story make sense to me as a reader...given where I am coming from?" (Golden-Biddle & Locke, 1993: 600). An affirmative response to this question requires first that the research addresses a common concern – that is that it links in some way to the personal and disciplinary background and lived experience of the reader (Golden-Biddle & Locke, 1993). Second, whether or not the story makes sense to the reader depends on whether it makes a contribution to extant understandings – neither being too fantastic to believe nor too trivial to worry about. In true dialectical fashion then, a good, plausible ethnographic account is simultaneously different from readers' knowledge of the subject matter yet bridges this gap in a satisfactory manner, or as Golden-Biddle and Locke (1993: 600) note, plausibility "emphasizes the importance of the text's ability to convey to readers a sense of familiarity and relevance as well as a sense of distinction and innovation". In summary, the key here is that the theory I generate through this research is both familiar to other researchers in the field, yet novel in that it extends or reshapes extant theory without being considered too fantastic or trivial.

Admittedly, meeting this criterion was difficult at times. To wrestle such a rich constellation of findings into a tidy niche of 'what already exists' was initially a most difficult and constraining process. But the process of continually refining and clarifying and working the data eventually pointed clearly to the work of Kahn (1998, 1993) and Fletcher (1998, 1993) and others who have argued the need to understand the organizational dynamics that enable relational work, and particularly caring relationships to be both visible and valuable. The VHCC data was rich with potential to extend this work.

Finally, criticality emphasizes the ability of the text to challenge readers to reconsider their assumptions and ideas (Golden-Biddle & Locke, 1993). Similarly, Weick (1999) notes theories that matter are those that move us - that stir our emotions. The following excerpt from Golden-Biddle and Locke (1993: 600) resonates with my desire to extend our understanding of well-being in work environments, particularly how it is produced via interactions *with* others:

> The criticality dimension of convincing...offers the greatest potential for ethnography to become provocative to its readers. By explicitly incorporating criticality into their work, researchers develop written accounts that not only convey a rich and complex understanding of the members' world, and add to existing knowledge in the field, but which also provides a cultural critique...of the assumptions underlying the prevailing theories and lines of thought in organization studies. The dimension of criticality, then, positions ethnographers to challenge conventional thought and to reframe the way in which organizational phenomena are perceived and studied.

This desire to achieve criticality has driven my research from the beginning. Frustrated with extant conceptualizations of well-being in the organization studies literature, I endeavoured to 'challenge conventional thought' and 'reframe' how well-being is 'perceived and studied'. The ultimate goal of my research is not to arrive at a definitive picture of reality – not of *what is,* but rather of *what might be* (Cunliffe, 2003) and thus to generate new, or extend existing dialogue about the lived experiences of well-being and working, and how these experiences are inter-related.

Based on these evaluative criteria, I sought to satisfy several questions in order to evaluate my research, including:

1. *Does the research text achieve authenticity? Does it convince the reader that I have spent time in the field and tried as much as possible to represent participants' lived experiences as they construct it? Are details of everyday life presented? Does it depict a disciplined pursuit and analysis of data? (Golden-Biddle & Locke, 1993: 604).*
2. *Does the research text empathize with participants' lived experiences?*
3. *Does the research text capture and explore different voices and perspectives?*
4. *Does the research text present the findings as plausible explanations while leaving room for alternate interpretations?*
5. *Does the research text perturb extant conceptualizations of worker well-being and working? Does it do so in a way that bridges the disconnect between extant conceptualizations and the new conceptualization developed through the research?*
6. *Is the dissertation vital, rather than boring? Does it invite the reader to engage in the subject matter? (Humphreys et al., 2003).*

In submitting this document to my examining committee, I am signaling my satisfaction that I have adequately addressed these questions.

To transition from a focus on theory and method to presentation of the empirical findings in Chapter Four, I next present a brief portrait of the VHCC which provides further contextual grounding of the study.

A Portrait of the Valleytown Hospital and Care Centre

The Valleytown Hospital and Care Centre (VHCC), in one physical structure or another, has served the Valleytown community for ninety-two years. The facility operated independently with its own board and governance structure until 1994 when the provincial government restructured its system of health service delivery. At that time, hundreds of stand-alone facilities – acute care hospitals, long term care centres, and public health units - were amalgamated into seventeen regional health authorities (RHAs). The VHCC became part of a much larger and complex entity: the Cottonwood Regional Health Authority. This caused significant turmoil and grief within the facility, which was further heightened by lay-offs of long-time-staff.

Over time, however, members have adapted and adjusted to an ongoing series of changes in the system. In 2003, the province once again re-structured the system, reducing the number of RHAs from seventeen to nine. The CRHA expanded significantly, now covering a geographic area of 60,000 square kilometers and serving close to 300,000 people through the employment of 8,000 workers. Impact on the VHCC was less extensive with this change, but members struggle at times to navigate the extensive bureaucracy created with this recent change. One of the most significant changes is that several managers, including the Site Leader, are now responsible for more than one facility.

The VHCC lies on the outskirts of Valleytown, a small rural centre of two thousand. The facility is composed of a twenty-bed acute care hospital, built in 1949 and an eighty-five bed continuing care centre. Together, these facilities employ 225 people. Despite its age and outdated structure, the acute care hospital is in good repair and dedicated housekeeping efforts make it sparkle. Members were quick to point out its deficiencies, however, and I soon came to appreciate these as well. The patient rooms are tiny and cramped; and most don't have a bathroom. This makes moving about the rooms a hassle for staff and patients alike. When new electric beds were purchased, it was discovered that only one could be plugged in at a time due to problems with the electrical wiring. The list of deficiencies goes on, yet the physical appearance of the unit is inviting, warm and bright, due in part to large south-facing windows that offer a view of the rolling countryside. In winter, one can occasionally watch deer eating apples off the trees in front of these windows. A bulletin board across from the nursing station is always brightly and creatively decorated with a seasonal theme, thanks to the efforts of a staff member who volunteers the materials and her time. Staff are happily anticipating construction of a new hospital, slated to begin in the summer of 2006.

In 1981, a forty-five bed nursing home was added to the hospital, and another forty beds were added in 1990. Together, these eighty-five beds compose what I refer to from here-on-in as the Care Centre, which is divided into three areas. Residents who are mobile but cognitively impaired live in Area I, while more severely debilitated and less mobile residents occupy Area II. Cognitively and physically-able residents live in Area

III. Staff are permanently assigned to one of these three areas and work in further subdivided 'homes' such that they care consistently for the same residents. This Care Centre (CC) is renowned in the province and beyond for the quality of care provided to residents, and for its innovation. Outsiders – politicians, administrators from other facilities, for example – can often be seen touring the facility to learn more about the CC's unique model of service.

Like the hospital, the Care Centre is warm and inviting. On entering this part of the facility, one encounters a large, waist high slate pond filled with goldfish. This pond was built by the VHCC's physiotherapist who collected the stones and then assembled the pond with the assistance of several residents. Adjacent to the pond is a large display wall covered with specially lit ivory plaster plaques crafted by residents. The Site Leader refers to this wall as the "I can do it wall" because it displays the creativity of residents. As such, it is symbolic of the Care Centre's focus on celebrating residents' abilities rather than their infirmities. Warm colors, large open spaces, an abundance of large windows (including two sunrooms), a variety of pets (including a resident cat, fish, and birds), and resident rooms decorated with their own belongings lend a sense of calm and comfort.

Several contextual characteristics make the VHCC unique. First, it is located in a small rural community that has a reputation of being a 'good' community – that is, one where people, service groups and caregiving organizations have a history of working well together. VHCC members view the facility as belonging to the community, thus setting up a relationship of interdependence. One example of this interdependence was the community's huge outcry when the CRHA proposed closure of the VHCC in 1995. Six hundred people packed the community hall to protest this decision and as a result, the

VHCC continues to serve its community today. The interdependence of community and facility has been demonstrated more recently through the community's generous response to the 'Bed Project', as depicted in my opening narrative.

I learned early on that rural caregiving facilities place unique demands on staff as they inevitably wind up caring for their own family, friends, and neighbours. This is both blessing and curse for VHCC members and community members alike. Most hospital patients I met raved about the staff – how caring they were – and how it was so wonderful to be in the VHCC where they were a 'real person' rather than a number. Yet, a handful expressed discomfort with being a patient here where "everybody knows everybody". Staff told me knowing their patients outside of the facility heightens their sense of accountability to care seekers and their families. These people are often personal acquaintances, friends, relatives, neighbours, or business people that staff deal with on a regular basis - the local postmaster, or the person who serves them in their favourite restaurant. VHCC members must then, be able to pass the "look 'em in the eye test"; that is, to be able to encounter former patients out in the community - in the local grocery store, for example - and feel confident these people had been provided the best possible care while in hospital. While this level of accountability might be intimidating, it is a driver of excellence and pride in the quality of service offered. As one person noted:

> *[We cared for a beloved community member who was dying of cancer.] There was lots of tears...I think that the nurses feel good knowing that she's getting better care here than she would [in another facility] because she's a person, she's not a number. And so they know what she likes to eat. They order it in for her that night. They know what her family likes to do so they get a movie about it that night. They have a movie night for them. It's different because they know that. And they know her personality and it's important for them to make it the best they can. And I think if you can have a dying friend down there and you know you've made it better for them, that helps. But it's not easy, I mean there's lots of grief that goes along with*

> *knowing people, certainly.... I mean when you're taking care of your family and your neighbour, it's a whole lot different than taking care of Joe Blow from Funkytown.*

These challenges are intensified for acute care nursing staff because they must possess up-to-date knowledge of a broad spectrum of nursing practice – from conception to death and all that transpires in between.

Second, the VHCC is the only facility within the CRHA that is not unionized. Unions have been present in the past, but have never lasted long. Managers and staff alike claim this is because management has always endeavoured to meet union agreements while offering greater flexibility. Interestingly, when other CRHA members heard that I was doing research in the VHCC, they said, "Well, but it's not unionized, of course there is going to be more well-being there". But this argument fails to explain *why* the VHCC has remained non-unionized despite strong pressures to the contrary.

Finally, the small size of the facility is also an important contextual factor. With a relatively stable staff of 225 people, people do eventually get to know each other. And some get to know each other very well, particularly when they work in small departments, when managers have small spans of control, and when some people have worked in the facility for fifteen or twenty years or more. The inevitable issues of personality clashes and differences still surface, but here, there is no place to 'transfer out' to – issues must instead be navigated one way or another. On the other hand, the facility is big enough to allow individual and departmental diversity to flourish – and indeed they do. Each department has its own unique flavour and energy. Some departments feel tightly wound. Running on a rigid schedule, their members work feverishly to keep pace. There is little time for socializing as staff carry out frenetic yet incredibly well choreographed, interdependent routines. Other departments differ strikingly. They are buoyant and light-hearted and full of laughter. Still others have an intellectual bent, characterized by stimulating and thought-provoking and sometimes deeply philosophical conversations during coffee breaks and meal times. Other departments feel different depending on the particular people who happen to be working. Sometimes there is a tense and uncomfortable edginess; at others, there is warmth, grace, hospitality and a sense of peacefulness. Each work unit, then, has its own signature personality. And yet, each works seamlessly with the others.

In terms of management structure, the Site Leader provides overall guidance and plays a significant role in focusing on serving care seekers while building a sense of community within the facility. She also liaises with physicians and the Valleytown community. Since regionalization in 1995, she does not, however, have formal jurisdiction over the nursing units or other departments within the facility. Rather, each manager reports to a Director located outside of the VHCC who is responsible for that department on a regional basis. For example, the housekeeping manager in the VHCC reports to the Director of Environmental Services for the CRHA. Further, several managers within the VHCC are now responsible for two or three or even four other sites. And some departments have no formal manager or department head. In the rehabilitation department, for example, the physiotherapist has two assistants; all three report to a manager outside of the facility. There are also a handful of one-person departments, including laundry and materials management.

CHAPTER 4. WELL-BEING AND THE PATTERNS OF RELATING THROUGH WHICH IT IS PRODUCED

> *[Interviewer: What does well-being mean to you?]... That you're striving to be a better person, that you're striving to feel secure. You're striving to have a place in this world, that you're fitting into a community, you're fitting into a society, you're fitting into a family. That you are... enjoying what you do, and doing what you enjoy. I think part of it too is feeling that you're making a difference and feeling that you're successful and success is different for everybody and I mean some people, as long as they've got monetary success, they feel good. But I think success for me doesn't necessarily mean that. I think for me it means that I can wake up in the morning and think, that I've done okay. That I can wake up in the morning and think, "Yeah", and think that you've made a difference, that your life is worth more than what you see. [Front Line Worker]*

In this chapter and the next, I present the empirical findings of the study which form the heart of the dissertation. My focus in this chapter is first on presenting VHCC members' perceptions of well-being, then second, on articulating the patterns of relating or interaction through which well-being is produced. I move finally to an exploration of the nature of relationships in which these patterns of interaction transpire, showing that caring relationships among VHCC members serve as the seedbed of their well-being. This chapter answers the first research question: *How do members of a caregiving organization produce well-being in their day-to-day interactions and ongoing relationships with one another?* In this chapter, explication of the dynamics through which this occurs is focused primarily on dyadic relationships. In Chapter Five, I describe collective patterns of relating that support these dyadic relationships.

Members' Perceptions of Well-Being and Working in Valleytown

My analysis of members' perceptions of well-being and working in the VHCC presented herein is derived primarily from interview data. Early in the interviewing process, a general pattern emerged and remained consistent through almost all interviews:

participants initially struggled to define 'well-being' but then spoke easily and sometimes at length about how working in Valleytown adds to their well-being, and in the process, surfacing numerous aspects of well-being. Giselle, for example, began tentatively but then described several facets of well-being:

> *Well-being. Oh boy. [Pause]. Um [Pause]. That's another tough question... Um, I guess maybe being, having my personal needs met for um, you know, being recognized as an important member of the team, um, it's a place where you enjoy coming to work, it's not a place where it's like, "Ugh, I have to get up and go to work", um, it's hard because it's so intangible... Uh, a state of mind. Um [pause] emotionally, yeah, I think, maybe a state of mind, probably more that because maybe your state of mind, uh, it doesn't matter if you're physically having difficulties. Um, you can, you know, there's some days where my arms are hurting, um headaches...[but] just working with the people, working with the other staff members, it's enjoyable. You want to be here. And the camaraderie, the um, oh, it's just like a feeling of well-being. Um, you know, you work your buns off and it could be extended hours but you go home feeling good. You go home feeling, yeah, it's just a good feeling. You can go home mentally exhausted and physically exhausted but it was, you just go home feeling good about your day and about yourself and about what transpired that day, I guess... Making a difference, I think really, that's part of it, being you know that you're an important member of the team, that there's people that care, that you're able to take pride in what you've done...and you're recognized for who you are and what you are and what you do.*

In talking about well-being and working in the VHCC, members offered both general and specific descriptions of well-being. The broadest descriptors were statements such as "*an emotional state*"; "*a state of mind*"; *"how you mentally feel"; "it's your whole life and every aspect that impacts you... it's feeling like you're participating in life*", "*it's wanting to wake up in the morning*". Other broad descriptors took the form of global assessments of oneself and one's activities - a kind of 'stepping back', reflecting upon one's life and arriving at a positive appraisal:

> *That's what wellness is about. Knowing that you make an impact on people and the world. [#1]*

> *[Well-being is] when you sit down and reflect on your life, your work, and it makes you smile – when you don't have negative things in your head – it's positive things. [#9]*
>
> *Well-being to me is I'm happy with myself and I'm happy with my job. For me, that's a big thing. [#12]*
>
> *Feeling that you're successful...waking up in the morning and thinking I've done okay. That I can wake up in the morning and think, "Yeah", and think that you've made a difference, that your life is worth more than what you see. [#22]*

One person took a slightly different tack. Rather than standing back and taking stock of her life, her view of well-being was of being able to take an optimistic view of oneself in the world – feeling able to accept whatever comes in one's life, to change what one can for the better, and to deal with what one cannot change:

> *Well-being is being physically and mentally well. You know, mentally, where you're optimistic or accept things as they are or how they come and I mean, do what you can, change what you can for the better. What you can't change, deal with it, like in the sense, okay, this is how it is. [#10]*

Members' more specific descriptors of well-being provided insights into perceptions that shape these global assessments. Analysis of these more specific descriptors surfaced two central perceptions of well-being. The first is a feeling of being accepted for whom one is, and the second is a feeling that one makes a difference in other peoples' lives.[8] I describe each of these in turn.

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[8] In addition to these themes, one other theme surfaced: "taking care of oneself" – which included balancing home and work, taking time to care for oneself, ensuring one enjoys other people and activities outside of the work environment. Because these do not relate specifically to the experience of working, nor to relational dimensions of well-being, I have not included these findings here.

Feeling Accepted For Who One Is

In one way or another, every interviewee described relationships with co-workers in which they could be themselves and feel accepted for who they are, as an important part of their well-being.

For some, there was a feeling of being accepted, and of "fitting in":

> *Well-being is being part of the team here. [#3]*
>
> *Part of well-being is being accepted by your peer group. Big, big part of it so that's part of well-being. You want to come to work, you look forward to it because, well, "I'm working with my friends tonight". [#4]*
>
> *I like my job because I can be myself...because I don't always fit in... And I feel like I fit in here. And that I'm accepted. I can say what I want...people don't judge you. [#7]*
>
> *[Well-being is] having my needs for acceptance and my needs for friendship met. [#21]*
>
> *[Well-being is] striving to feel secure; striving to have a place in the world...fitting into a community, fitting into a society, fitting into a family. [#22]*

Others spoke of feeling cared for:

> *I get the feeling from [my staff] that they all care [about me]. [#6]*
>
> *Having co-workers who sincerely care. [#7]*
>
> *I love the girls I work with...you feel cared for, like with the staff that you've worked with for quite some time. [#8]*

Others said that feeling recognized and valued for who one is and what one does was an important part of their well-being:

> *[T]hese responsibilities were given to me and I think [my manager] feels they're going to be done, and that makes me feel good. To be given responsibility, but you know, the feeling that I contribute something to help the nurses in the sense that if this is done, they can do their patient care...[#10]*

> *You go home feeling, yeah, it's just a good feeling. You can go home mentally exhausted and physically exhausted but ...you just go home feeling good about your day and yourself and what transpired that day....Being you know that you're an important member of the team, that there's people that care... and you're recognized for who you are and what you are and what you do. [#11]*

> *When I work away, I always like to come back here. It's always like I'm home. It's, I don't know, I'm not sure what it is, but it's always like that, very comfortable situation where you don't have to justify your existence or anything. [#14]*

Finally and most generally, many members spoke of how they enjoyed and even loved their co-workers, and consequently, of how they enjoyed coming to work:

> *I've always had a sense of well-being coming here. I just want to come. I want to see everybody, you know – What's happening on the floor? What's happening in your life? [#6]*

> *I enjoy the people that I work with. [#9]*

> *I enjoy coming to work... You know some people don't like their jobs and hate coming to work everyday. I don't mind coming to work. ... I don't dread coming to work. I enjoy the whole, everything, the atmosphere, everything. [#12]*

> *I put a high value on my friends and relationships because they're important to me...they make my attitude good. They make me come to work and feel good. They make me feel positive, they're a positive influence on you and when you're positive, you're healthy and your well-being is good because you feel good. You're not negative. It's just that positive energy. That's the important thing is to have positive energy around me. [#13]*

> *It's mainly the camaraderie between everybody, like everybody seems to get along well... it makes you feel nice that people are interested in you, in your life and what's happening to you and then you take an interest in everybody else's too. [#24]*

> *I came for the money to start with but now it's the camaraderie, that getting along with everybody. [#28]*

Feeling That One Makes a Difference in Other Peoples' Lives

Just as strongly as *feeling accepted for whom one is,* perceptions related to doing one's work emerged from the data as a central element of well-being for VHCC members. The phrase "feeling good" about the work was repeated time and time again by members. Two subtly different themes regarding this "feeling good" surfaced in analysis. The first was feeling good about doing one's job well. The second was feeling good about and enjoying the work of caring for others, which was almost always linked to the sense that one is making a difference in other peoples' lives.

- Doing one's job well

> *Doing my job well. [#7]*
>
> *Feeling good when you are here and do[ing] the best you can. [#10]*
>
> *It is important to me to deliver good nursing care and that is utmost and I get very annoyed when I see things that aren't done right. That are done, you know, if the patient's interest isn't put first. [#23]*

- Feeling good about and enjoying one's work

> *I have to feel good about what I'm doing. [#1]*
>
> *Well-being. I think we need to feel good about what we're doing ...So if I'm working next to somebody, we need to feel good about what we're doing, what we're trying to accomplish. You know, at home, I've always told [my] kids, "You need to look in the mirror, [and] be proud of what you see when you look there". Like if you're going to do something you're not proud of, why are you doing it?... So it doesn't matter what job you've chosen or what role you've chosen, you feel good about it and you feel positive. [#3]*
>
> *Being able to take pride in the work you've done. [#11]*
>
> *I like to think I'm doing a good job. And that I'm here for the residents and staff...I think I feel good about what I'm doing here... Well-being to me is I have to like what I'm doing. [#19]*
>
> *[Well-being is] enjoying what you do and doing what you enjoy. [#22]*

Insights about what leads to "feeling good" about one's work come from members who spoke about the aspects of their work that contributed to well-being. While the particular aspect of work might vary, the common ground among members was the sense that one was "contributing" or making a difference in someone else's life:

> *I love the philosophy. I love that these people are here so that, you know, we can use our skills to make their day a little better. I think if I can make one person feel good or have a hug or if I get one thing that makes me feel like I've succeeded, then it's been a worthwhile day. But I do all the time. And I like seeing that the staff care about the residents. [#1]*

> *[Well-being is] doing my job well, making somebody who's dying comfortable, or helping somebody to live better, making a difference in somebody's life who...doesn't have a family member here. [#7]*

> *I like the relationships I have with some of the residents and as for caring for them, that's just, I enjoy it. [#8]*

> *You have to feel good about what you do...you have to feel that there's a reward in not only doing what you are here to do, but also [it's] rewarding for me as a manager in feeling that from staff as well, so at the end of the day, I feel like staff go home thinking they also have some sense of feeling good about what they've done...Contributing is really what it's about... and if you don't contribute to the well-being of the residents or to a good, harmonious work environment, then I think there's no reward in it...So, I think there's all of those things. It's doing a good job. It's feeling good about doing a good job. It's feeling like you've made a difference for the residents at the end of the day, or patients, as well. [#14]*

> *It's so rewarding some days. The people that don't talk sometimes say something and it's such a treat when they'll give you a smile even, or whatever. You know, like sometimes they'll shock you by giving you a whole sentence. So, that's rewarding. And you know, just trying to be good to people and they appreciate it, even if they can't say. [#20]*

> *[Our] jobs are fulfilling. Most days you go home feeling pretty good. Some days you go home feeling really good because somebody who just hasn't responded or done anything and it's just like, holy moly, this person really responded to me today! And you almost get a little high from that, you know, or someone gives you a hug or grabs your hand and kisses you or because they're genuinely thankful for what you did for them. [#25]*

> *I feel really good [at the end of the day] because we want to make [residents] feel like home...and it makes me feel good that I can do something for somebody, you know, during my working hours. [#28]*

Susan, a manager, talked about how touched she felt one day to see Darlene, a front line worker, care for John, a resident:

> *She just took him! She just took him from the table and took him over to that window that looks southeast there just by the fishpond. She was just sitting with him and she'd brought some books and she was massaging his hands but it was just, she has no trouble with just being quiet with people which some people do. And John is not a big talker. It was just touching to see that contact that she was making with him. With no expectation, no need for him to even acknowledge that he particularly cared for it, but it was just a nice one-on-one. And you see it with everybody here. With all the staff.*

Some members grounded well-being in their faith, and answering "God's calling":

> *I think my joy is the patients...that you've made a difference...Because I want to help people. Make a difference that way. And I feel nurses do make a difference. To the patients. That's my biggest joy...I feel that's God's calling for myself. I feel good about that every day that I do something to make sure that you know, part of it, our little part of humanity is cared for." [#4]*

> *I'm here because I have been called or I have a purpose for being here...it is I know that I can make this world better. Because of being here, being in this place, at this time, and all the things that work together...I respond to my passion for people and loving people and elderly people. Everybody doesn't have that but because I have that I am called to respond to that... And when I know my purpose, when I'm able to pursue that, when I'm able to follow that....I really have accomplished, I have actualized my existence. [#18]*

These data, considered as a whole, reveal two interesting facets of well-being which I shall explore in greater depth at the end of the chapter. Briefly, however, the first facet reflects the inherently subjective and affective nature of well-being. To VHCC members, well-being is broadly about making positive appraisals of oneself and one's pursuits – reflecting on one's life and one's work and smiling; feeling like one is participating in life; being happy with oneself and one's work. More specifically, well-being is about *feeling* accepted for who one is, and *feeling* that one is making a difference in other peoples lives. The second interesting facet of well-being revealed in the data is that while well-being is subjectively experienced, it is intersubjectively produced. Feelings of being accepted and making a difference can only occur through dialogical interactions with others. Perceptions of well-being, in other words, are produced through dialogical interaction with others. The question, then, is *how* are these feelings produced in relationships? This is my focus in the remainder of the chapter.

Patterns of Dyadic Interaction in the VHCC That Produce Well-Being

In this section, my intent is to show how VHCC members' perceptions of well-being are, to a large extent, produced in dyadic interactions with their co-workers (and also with care seekers). By 'patterns of interaction', I mean ways of relating that are characterized by particular behaviours repeated in relatively consistent ways over time.

One of the strongest and most consistent findings in this research was regarding the expressed and observed mutuality of support among VHCC members. Analysis of the data revealed four patterns of interaction under the broad rubric of the local term 'supporting' each other. These patterns include: creating a comfort zone; caring for each other; carrying each other; and learning with and from each other.

Creating a Comfort Zone

Several members spoke of special relationships in which they could comfortably express themselves, feel heard, and sort out issues. Karen, for example, said:

> *When I think of our relationship, it is the respect we have for one another, the trust, the confidence, like there are days, Kathy, that [she] and I will, you know, say, "Hi" type thing,but she has her thing and issues to deal with and I carry on with mine, but I always have that comfort zone that she's here, and I think that makes it very, very special. [Interviewer: Comfort zone, tell me about comfort zone.] Okay, in the sense that, an issue comes up or there's just things are not going right for me that day type thing and I can go into her office and close the door and go, "RRRRRR!", you know. I can walk out and it goes no further. She knows I feel better, you know, you need that. Where sometimes you just need to vent and I can go to her, say what I have to say, spill it all out, close the door. It goes no further. Right? And I feel better, I got it off my chest, you know... You know, and she can do the same. It goes no further...And that, and I think we need to have, I need to have it, it doesn't happen often, but it does, you know.*

Similarly, Lilian referred to her relationship with Janet as "being a team" in which they can bounce things off of each other:

> *We're a team. I can bounce things off her without censure... and it's going to stay there. We're not going to be judged on what our thought process was. Whether it's right or wrong. And I do that for her. So if she comes to me and she has, if something's really upsetting her or somebody has really stepped on her toes or changed her boundaries, she goes, "You know, this really upset me and I don't know why this happened" or "Someone's got her shit in a knot and I put her nose out of joint". And so we can bounce that off of each other with no judgment. And sometimes, we problem-solve, just because we're not always right.*

Hazel, a housekeeper, spoke of how her co-workers were there to listen to, and commiserate with, her frustrations, and to offer advice:

> *I really respect my work and I like it to look good because it's a reflection of me. And so I'll say, "Oh, they walked on my floor again", and I usually get, "Yeah, it's happened to me, too" sort of thing...[Interviewer: Ah, so there's a validation that] Yes. And I think that has a lot to do with it, "Yeah, I've been there". Yeah. And, when we talk in the coffee room, too, a lot of it is just what's going on in our families too. And we can relate and, "Hey, we're normal". Getting that out, I think, is a big thing. Or, "This is how I handled it", and you can just take it and use it or, you know, or leave it. ...Or everybody contributes and then you just take what you want from it. Which is good, it's a learning thing.*

Within this comfort zone, people come to know each other very well and to respond mindfully to one another. They develop the ability to read each other well and respond appropriately. Theresa referred to this as "being in-tuned" with one another:

> *That, when you look at a person and you don't take things personal when they're having a bad day, you, you understand where they are, and it can just be the way they help you, their smile or they understand, or they'll say at the end of the day, "Let's go for dinner, we haven't been for dinner in a long time", and you know that person knows you know, that it wasn't very good. Or you need help. ..They're in-tuned, they, they know you, they know your body language, they know [you].*

Similarly, Gloria, a patient care aide, talked about how well she and her co-workers know each other, and subsequently, how well they work together:

> *Like I know the majority of the girls I work with...are girls that I've worked with for quite some time. And that is a saving grace for me. Because they're girls that I know now. And I know what they're like and they know what I'm like, and we kind of work together and complement each other. Like I know exactly what Julia [co-worker] is going to do. And I know what Cynthia [another co-worker] is going to do. And I know, I don't even have to try to find them in the mornings, because we just know where each other is.*

And Solange talked of having a soul-mate:

> *Well, with my co-workers, people sincerely, you know, they care. And we're all really different. Like, you know, I'm an atheist and most, nobody else is. We, actually there is somebody else ... that feels the same way about things. It's Julie. Like, which is great because we work together and we kind of both roll our eyes at the, at the same things. So it's nice to have a soul mate that feels the same way. She feels the same way politically and about the environment. And just about a lot of things. We have an appreciation for art and nature so I've really enjoyed that. But uh, even though we have differences of opinions ... we still complement each other. So that's meaningful.*

This being "in-tuned" and having a soul-mate produces well-being in several ways, including: making one feel seen, heard, and known and therefore recognized and valued for who one is; making one feel cared-for, held-by and even loved, and feeling joined with another (Kahn, 1993). In so doing, both a sense of communion with another, and a sense of being a unique and valuable individual are simultaneously achieved.

For some people, this comfort zone also enables learning and developing of skills such that one can "do one's job well". For example, Joanne described her relationships with two colleagues as a safe space for learning, particularly when managing stressful clinical situations at work:

> *You're not afraid to, like for instance if there's like...something goes wrong [at work] in a big city [hospital], I often felt very much alone and I didn't ever want to question or whatever. ...Because I mean, you don't really know the people you're working with but here if I know that I'm on with Jane and Marilisa and whoever, I know that I can tell Jane that I'm worried about this and she'll help me through it. I know that Marilisa will teach me this and so it just decreases the stress a great deal.*

Joanne's comfort with Jane and Marilisa enables her to feel safe enough to ask questions. She also trusts her co-workers will teach her what she needs to know.

A cluster of behaviors consistent with Kahn's (1993) behavioural dimensions of caregiving (presented in Chapter Two) constitute this interaction pattern of creating a comfort zone. First, people make themselves *accessible* to one another – they are there for the other, physically, and emotionally. In fact, in some cases they are highly in-tuned, receptive and responsive to one another. Second, they actively *inquire about* and *attend to* the other's experiences, ideas, queries, and expressions. They actively listen, hear, see, and extend themselves toward to the interests of the other. Third, they *validate* each other by demonstrating positive regard and appreciation for one another. Fourth, they *provide resources* to one another in the form of feedback, information, interpretations and advice. As a result of these behaviours, both parties feel safe because they trust the content of their venting and problem-solving dialogues will not be divulged outside of the relationship. They also feel safe in knowing they will not be critically judged by the other. In Karen's case, the comfort zone is used primarily to relieve pressure and provide support. For Lois, the comfort zone is used for venting and also to problem-solve and share insights that help her and Janet move forward with whatever issues are at hand.

The comfort zone is a space in which the giving and receiving of care is made possible. Feeling safe with one another, people allow themselves to risk being vulnerable – to express their concerns, frustrations and joys - trusting the other will listen, attend to them, and offer validation and support. In this way, those seeking support come to feel heard, understood, and valued, which contributes to the feeling that one is accepted for who one is. As one person noted, "*If you get support in your work area for who you are and what you do, that only adds to your well-being.*" Actively attending to the needs and interests of others helps people to see they are making a difference in other peoples' lives. In this way, well-being for each member is co-produced. The creation of this comfort zone is in effect, the creation of a relational space in which caregiving can occur.

Caring For Each Other

VHCC members talked a *lot* about caring for each other. As I continued to spend time in the facility and as I listened to people talk about relationships with their co-workers and within the facility more generally, the theme of "caring for each other" grew stronger. This caring transpires in a myriad of micro-moments such as those described by Jane:

> *There's those relationships where you come to work and you find this little bag with one of your favourite things. Like someone went across [the border] and*

> *was in the cross duty shop and brought you back your favourite perfume. Now, for someone to do that, to remember that's what you like and they saw it in the duty-free shop and brought it back. They're thinking of you on their holidays. [Interviewer: And do you do things like that for them, too?] Oh yeah. I always look at cards and verses in books and things and I'll just leave them [for the person]. Or you see some people struggle, you know,[in their lives]... Well, you [help them, not in a way that will make them feel bad, but] just [so they]...feel good about themselves. But just to know that someone cares in their life, and their families, and they're important.*

Caring here does not take the form of compassionate response to pain and suffering, but rather, it is the enactment of a genuine interest in, and regard for, the other's unique interests, qualities, and life circumstances. These micro-moments are integrally moments of seeing and recognizing the other – affirming that they are not only accepted, but also, they are viewed by others as important and valuable.

Other instances of caring described by members were indeed of a compassionate nature – that is, of actively noticing and responding to the pain of others (Dutton et al., forthcoming; Kahn, 1993). Emma, for example, described the caring actions of two of her co-workers that transformed her feelings of being a "doormat" into feeling "like a princess":

> *When you have a bad day sometimes those people that are really good to you really shine. And that's happened, where I've had a really bad day with someone and out of the blue, [two others], they've just, it's like there's hope kind of thing. Because these [two] just made my day so much better. They made me feel so good about myself where this one person, and it's amazing how negative it can just overtake you, and you just feel like a doormat and then two people out of the blue will treat you so good, like you feel like a princess.*

Another person spoke about the spontaneous caregiving occurring everyday which "keeps her going":

> *I can't say enough about the relationships that I have [here] and I'm sure that's what adds to my well-being. It keeps me going. Like, if you're having a bad day, somebody, you know [support worker from another department] will be passing by and will give me a hug, you know. Even if I'm not having a bad day. She'll give me a hug. You know? And it's just the spontaneous things that happen.*

One particularly touching story comes from a manager, Glenda, who described how two of her staff cared for her when she was having a bad day:

> *I was having a really bad day last week. [Describes two tragedies that had occurred within her circle of personal friends within the space of two days.] So I was having a bad day. And I was just, I was in tears and Belinda gave me a hug, and you know, "Go home". I was going anyway, but, "Thank you". When I got home, Carla phoned to see if I was alright and, "Did I want company?". And I said, "Well, thank you, but no" and so she said, "Well, I'll call you later". So she did, she called me later. And then after work, Belinda showed up at my door with flowers. And so that, yeah, they are, wow, amazing. And although all of them don't express it that way, I just get the feeling from them that they all care.*

Belinda and Carla actively inquired about and attended to Glenda's feelings and they responded with genuine concern. They were actively 'there' for her, holding her and tending to her. In so doing, Glenda felt held and cared-for, and perhaps even loved by Belinda and Carla. But, this caring is not simply a reversal of the dysfunctional flow of caregiving where superiors abdicate their responsibilities for caring and become care seekers, ministered to by their subordinates (Kahn, 1993). Rather, it is an essential part of an ongoing pattern of caring interactions. Glenda also cares for her staff by making herself accessible to them, by listening, validating concerns, offering advice, and, perhaps most importantly, treating them as people rather than merely as employees:

> *I think that by supporting the staff, when they have an issue, and dealing with it. You know, listening first of all and then dealing with it, is a way of showing that you care. You hear what they're saying. You're validating they have an issue. Yes, it is an issue and we'll do what we can to resolve it. Yes, you need to do that, but also, I quite often end up with people in my office and they're sobbing their hearts out and they have some real problems and I don't mind listening and if I can offer advice then, but I care. I truly do care what's happening with them,*

> *with their families, so I think that's important too. They aren't just employees. They're people with issues and problems.*

For VHCC members, caring for each other also extended to caring for patients and residents. Many told stories of how caring for patients and residents led to an enhanced sense of well-being. Raphael, the manager of the maintenance department, for example, told this story about how he contributed to the well-being of an elderly resident:

> *We did have a peak here for about five years when life was great. It was good. Comparatively now it's good. But we had some blasts here.... It was one big family. Really. Like we had a social upstairs, a tea or something and I mean, everybody went to it. I mean everybody. And you know, like shit, I was feeding patients for cripes sake. I played pool with a couple of the old boys. They used to have a pool table upstairs for them. You took time off, a person would probably say, "Oh, you're screwing the dog", you know, whatever, but this old man, he'd been in here, he's 94 years old, loves to play pool. Nobody to play pool with. We had a $6000 pool table. One and a half-inch Italian marble slate. I mean we wanted this thing really bad. [laughs]...I probably improved his stay here. Immensely. Because I took ten minutes maybe once a week to have a game of pool. You know. The smile on his face! Or throw a couple of rocks on the shuffleboard table. Anything, you know. And a lot of the housekeepers do that here. You know. Take five, ten, minutes out of their time. Talk to somebody, even just to talk to them. A lot of these people come in here they have no family or even if they have a family they don't come to see them or whatever. We're all they got, you know. And if you're not there then they got nothing. And it would be a pretty sad place to live, I think.*

We cannot know for sure, but it is probable that Raphael made a great difference for this elderly resident. But Raphael's story also indicates the personal reward he found in taking time away from his regular duties to spend time with this man. He empathizes with the Care Centre residents, particularly those who have no family and who would be very lonely and sad without the attentions of staff. Brightening a resident's day is a simple act, but one that easily produces feelings that one is making a difference in someone else's life.

In a similar way, one of the housekeeping staff talked about "feeling good" when she can make residents laugh and give them something to look forward to, especially when one doesn't know "what tomorrow will bring":

> *I feel really good because we want to make them feel at home... like they have a family... or maybe some of them don't have family maybe...It doesn't really matter what, sit and listen to them talk about some of their stories and I do that while I'm busy doing my dusting or whatever, we're still talking, and if somebody needs a hand getting something....If I can make people happy, it doesn't matter where I am, I'm happy...and I like to see others around me happy too, and feel good and comfortable, and joke around with people and make people laugh. We do that all the time and that gives them [residents] something to look forward to, I think. You know, for today. It gives them something to look forward to today because we don't know what tomorrow is going to bring. But yeah, it's always made me feel good to do something for others. [Housekeeper]*

Solange, an occupational therapy aide, described a special outing with residents as one of the best days of her life:

> *The helicopter trip was one of the highlights of my life. We were hiking with some friends [in the mountains]. And this helicopter kept going up and down right beside us and I asked my [work colleagues] if we should do this for our residents. [And they agreed]. So I phoned the helicopter place and told them we wanted to take three of our residents on a helicopter ride. "Can we hire you and how much will it cost, all of this?". So there was [names and describes three residents]. They were all in wheelchairs. We got the bus and we had quite a few volunteers. And we head out to this place in September and get to this helicopter. These helicopter people were fantastic because it was a cold day. And it started to snow. Like, we're going on a picnic. We've got champagne and chocolate. And we get on the helicopter. So, we couldn't go where we wanted because the weather was bad and [the pilot] found this place, a grassy knoll on a lower mountain where it wasn't snowing and they brought these great big propane heaters to keep the residents warm. It was just fantastic! We took prayer flags. We all made prayer flags and wrote things on them, and tied them up there. Had our chocolate and champagne and it started snowing. It was just fantastic. It was so satisfying. And these people were so happy. It was amazing. ... And we had this fantastic lunch in their lodge... It was just great. And they had this dog, an ugly dog, but it loved Cindy[a resident] and it would lick the food off her face because she was really messy. And just slobbering. It was a really great day. It was one of the best days I've ever had. All of us, it was so satisfying.*

Knowing these residents, one of whom passed away shortly afterward, had experienced something exceptional, and that she'd had a hand in creating that experience made this one of the best days of Solange's life. She went on to tell me that while this day was one of the "bigger things" about why she loves her job, there were other smaller things like this that happened everyday:

> *And usually when you don't expect them. You get a good feeling. [Interviewer: Like what?]. Well Regina [resident] telling me, "You're my girl". Or Gordon [resident] giving me a speeding ticket. ... Because I'm like, I'm the wheelchair cop and, and I train all of the people in the wheelchairs, and they tease me about it and when they're not looking, I speed, I crank it up and my hair flies. And he caught me. [Laughs.] ...So he saw me speeding and he got one of the nurses to write out a ticket. For me. Which I've kept. I keep all these little things.*

These patterns of interaction reveal that caring is not a one-way process. It is a mutual process of both giving and receiving care that produces well-being for *both* parties. As one VHCC member noted:

> *Sharing...then giving counsel, just listening and saying, "It will be okay"...when people can do that, it's that well-being comes to both ME and to [the other].*

In a similar manner, another person said that well-being for her is helping the people around her to "feel good". If they are upset, she wants to help "lighten their load", to share their issues:

> *We want the people around us to feel good. So if I have someone that's next to me that's not feeling good, or upset about something, I want to, I wanna share their issues and their problems and hopefully lighten their load for them a little bit. [#3]*

When this caregiving is received, well-being is made possible for both people – one feels cared-for and accepted for whom one is; the other feels she is making a difference in other peoples' lives. This dynamic is present in all of the quotes below; there is both a giving and receiving of care and both parties benefit:

> *When my mom died and I came back [to work], the residents were the best support I'd ever had, so I think, you know, it flows both ways between staff and residents. [Manager]*
>
> *The relationships with residents, you know, it's like being appreciated. I mean, they give me more some days than I give them, you know. You know when you walk in in the morning that they enjoy seeing you. If you've been away for awhile, they, say "Oh, you're back" and they totally appreciate you. And that really adds to your [well-being]. And then the response from the family and [friends] that you get to know. And that, to me, is a plus. [Patient Care Aid]*
>
> *The residents nurture me. [Interviewer: How so?] Well, this lady that died this morning....I've been working with her quite closely for four years. Quite closely. And I mean, she's told me things that she's never told anybody. And she loved me. And you know, just her telling me. She'd call me 'her girl', you know, it was just great. [Rehabilitation Aid]*

The one-caring feels a sense of being able to help, to lift the burden of the other; the one-cared for feels seen, known, held and even loved (Kahn, 1998). In this way, caring for and empathizing with others generates feelings of being cared-for, recognized and valued for who one is, and for the care giver, a sense that one is making a difference in the others' life.

Again, we see a cluster of behaviours that constitute this pattern of caring for one another. People make themselves accessible to the other, they inquire of, and attend to them, indicating their receptivity to the other. More powerfully, however, they become engrossed in, and empathize with, the lived experiences and feelings of the other – genuinely striving to understand things from the other's perspective. Finally, we see compassion – attending to and responding to the pain of the other. Importantly, caring for one another is not a one-way flow of energy and interest. Rather, it is a two way process that involves both the giving *and* receiving of care.

Carrying Each Other

Some people also spoke of "carrying each other" or strengthening each other when they are in need:

> *All of us are not a hundred percent every day we come to work. Some days we are forty percent and we don't operate like we could or should. But those are the days we have to carry each other. Because that's not going to happen all the time. Some days I'm forty percent, some days you are. And other days we're both a hundred, and isn't that a good day? [Site Leader]*
>
> *The other weekend I was on with a really strong nurse whose, you know, who really is a pillar and really brilliant. I would think she is one of the smartest girls I work with, to be honest, and she just brings that confidence to you on the floor, whatever comes in that door, we can manage. We can manage, yeah. And so we went away knowing that we'd done the very best and I knew that we had because my weaknesses were strengthened by her, you know, how strong a person she is. Yeah. So yeah, I think you bring a sense of well-being away from your workplace for sure. [Nurse]*
>
> *I always like to feel that if I can take any of the stress away from the RNs, so they can do nursing things, that makes me feel good... and anything I can do to help the manager... that I do certain things that maybe would be her responsibility... and there's always positive feedback which makes you feel good and makes you want to strive to do more. [Support Worker]*

The primary behaviour here is supporting each other through provision of resources – feedback, or extra help to ease the burden of others – and in so doing, strengthening the others' efforts. In carrying each other, people both demonstrate and feel a sense of mutuality and connection and support. They also help each other to ensure they do good work together, and in so doing produce the feeling of doing one's job well, and of making a difference in other peoples' lives.

Learning With and From Others

VHCC members also spoke about learning with and from their co-workers, usually in conversation. This learning was occasionally about technical aspects of working. Kari, for example, talked about how she enjoyed debating patient care issues with Nancy, a trusted colleague:

> *I think we really challenge each other, actually, Nancy and I. We have quite a few debates and I think she might take that from me because I have the newer kind of stuff coming in and she has the older kind of stuff and we kind of meet in the middle. [Interviewer: What would you debate about?] Oh, just about different procedures or, "It used to be this way, now it's this way", and why my way's better than hers or bla, bla, bla, or you know, or differences that we'd see in patients or whatever, what we thought, and so we would just kind of discuss it and, that's nice, it's really nice to have someone like that to talk to about nursing stuff.*

Carol, a manager, talked about how she enjoyed interacting with, sharing, and learning from other colleagues:

> *[My job has been] a challenge and I've grown tremendously...Just, you know, the interaction with everyone here. Not just [my discipline], but the other disciplines. I really like interacting and sharing ideas with them. You know, going to meetings is not just, "Gee, I haven't got time for this", you still learn things. You still share things.*

Just as often, if not more so, learning about life in general surfaced as important. Emma, for example, described her delight as a new employee when her co-workers pulled out a game of Trivial Pursuit at coffee time: "*Wow! These people like to learn too!*", she thought. She went on to attribute the cohesion and camaraderie of her group to learning from each other: "*So we, move forward in a positive way because we're learning, too, from each other. And I think we like that so maybe that's what makes us thrive.*"

Several members of one work unit indicated how much they relished their lunch and coffee time conversations with co-workers because of their spirited and sometimes risqué dialogues about controversial social issues. These conversations, carried out in their own comfort zone, enable them to express their unique views without being judged or "taken seriously", which, in turn, makes them feel "welcomed" and intimately joined with others, not merely as co-workers, but as friends:

> *We all eat together and talk about everything. We've talked about problems with kids even. Its' just nice to know that like, Clara is having problems with her daughters and I'm having trouble with my son, you know and it just helps, it makes you feel better because you feel you're not in it alone, you know, and plus the things you talk about, you feel good and learn things. And you just feel welcomed.*
>
> *There's some pretty wild conversations. We talk about pretty much everything. It's a kind of group where you're good friends... and you can kind of say anything around them but then you know that they won't take you seriously.*
>
> *We have the most amazing conversations [laughing] about drugs and sex and everything and we really get carried away... One day we were talking about same-sex marriage...and one person said, "I don't care if people have sex with their dog, it doesn't hurt me"...There isn't anything we don't talk about...to be able to speak your mind without reservation and ...it's just like a friendship more than people you work with. It gets quite intimate.*

Members of this group seemed to thrive on the safety within the unit to express diverse ideas and sentiments, knowing they would not be judged by the others who would still accept them within the group. This safety allowed for engaging and intellectually stimulating conversations that ranged from work-related matters, to social issues, to sharing and working through personal difficulties.

These 'learning' interactions, based on a cluster of caregiving behaviours that includes being accessible to one another, inquiring, empathizing and supporting one another in the form of offering information or advice (Kahn, 1998), produce well-being by creating a sense that one is "not in it alone". It helps people to feel affirmed in their humanity – to feel joined, to feel "normal" and to learn from each other about how to proceed in life. In these interactions, members contribute to each others' ongoing learning and growth and self-understanding. They also feel welcomed, accepted, and cared-for. In the giving and receiving of ideas and information, people feel they are accepted for who they are and they also feel they are making a difference in their co-workers' lives.

Discussion

In this chapter, I have examined the question, *How do members of a caregiving organization – the VHCC – produce well-being in their day-to-day interactions and ongoing relationships with one another?* Analyses have shown first, that VHCC members perceive well-being most specifically as "feeling accepted for who one is", and "feeling that one is making a difference in other peoples' lives". Second, these perceptions of well-being are dialogically produced via particular patterns of interactions with VHCC co-workers and care seekers. In this section, I elaborate further on these findings.

VHCC members articulated both broad and specific perceptions of well-being. Examined as a whole, their articulations reveal two interesting facets of well-being. First, is the inherently subjective and affective nature of well-being – it is primarily grounded in feelings about oneself and one's activities. From a broad perspective, well-being to VHCC members is a subjective appraisal that one is successful and "doing okay" - *feeling* that one makes an impact on the world, *feeling* happy with oneself and one's job, *feeling* like one's life is worth something. These broad appraisals of well-being occur as a stepping back and taking stock of one's life and one's pursuits. Second, members' more specific descriptions of well-being shed light on its fundamentally relational basis as *feeling* accepted for who one is, and *feeling* that one makes a difference in others' lives.

Interestingly, feeling accepted for who one is embraces two different, if not opposing interests. "*Feeling accepted*" indicates a desire to be part of a collective – to be in communion with others, to feel held, secure, nurtured, and cared-for by others. Yet, feeling accepted *for who one is* implies the importance of being considered unique – of being known not as a faceless member whose identity is surrendered and merged into the whole, but rather as a distinctly important individual who contributes in valuable ways to the collective. "Feeling accepted for who one is", then, embraces a dialectical tension between communion with others and the expression and recognition of one's individuality and agency. People in the VHCC experience well-being because they feel recognized both as unique individuals *and* despite this uniqueness, as an accepted part of a collective. They are able to be and express themselves authentically and agentically while still being in communion with others.

"Feeling like one makes a difference in other peoples' lives" contains a similar dialectic. Here, one's well-being is achieved by extending interest and energies *toward others* – helping them, caring for them, making a difference in others' lives. For example, we see front line workers enjoying their work with care seekers – making them happy, helping them to live better or be comfortable, and giving them something to look forward to. We also see support workers feeling like they've contributed by helping nurses so they can spend more time with patients. And we see managers feeling good about their work because their staff go home feeling good about contributing to a harmonious work environment or because they've made a difference for care seekers. In every case, personal rewards come from investing one's own interest and energies in helping others.

These perceptions of well-being are grounded in the extension of oneself to something bigger - to being part of something 'good' and 'worthy' that exists beyond, while still affirming, the self. In this way, VHCC members' accounts of well-being cohere with eudaimonic views of well-being offered by philosophers such as Kingwell (1998) and Russell (1930/1996). In its most succinct form, we could summarize well-being as a feeling that one is a valuable person engaged in worthy pursuits. For example, that VHCC members express eudaimonic views of well-being generates a picture not of self-interested rational actors, but rather of people who are in many ways altruistic and 'other-focused'. This is not to say they shun self-interest, or that they are not interested in reaping personal rewards in doing their work, for indeed they are. But it is to say, rather, that their self-interest is met and personal rewards are reaped by being with and helping *others* – making a difference in other peoples' lives.

We saw how, for VHCC members, these feelings of well-being are produced via four dialogical patterns of relating or interaction with other VHCC members and care seekers. The first two of these patterns of relating: "creating a comfort zone" and "caring for each other" are crucial to the production of well-being. The first pattern creates the fundamental ground in which the giving and receiving of care can occur. In this pattern, people make themselves open and available to one another, signaling their receptiveness to being with and helping each other. The second, "caring for each other", is the primary engine of well-being. In the giving and receiving of care, those receiving care come to feel accepted for who they are as unique individuals and also joined with the other. Those who care for them come to feel that they are making a difference in other peoples' lives.

The third pattern of relating, "carrying each other", is made possible by the first two patterns. Grounded in a comfort zone in which the giving and receiving of care flows unimpeded, people are able to compensate for one another. Feeling safe and accepted, they can be vulnerable – they can say, "I don't know", "I'm not fully functioning today – help me". Together, they make each other stronger, again, producing feelings of being accepted for who one is, even when one is feeling weak or deficient or imperfect, and knowing that by working together and strengthening each others' weaknesses, they can still go home feeling they've done a good job and made a difference not only for each other, but for those who seek their care. This pattern of interaction is crucial in terms of working together effectively to produce good outcomes for patient and resident care.

The fourth pattern of relating, "learning with and from each other", while less dominant in the data, nevertheless constitutes an important vehicle for building a sense of feeling joined, of fitting in while being honored for who one is and what one does.

At the heart of each of these four patterns of relating is the production of well-being in the form of feelings of being accepted for whom one is and feelings that one is making a difference in others' lives. This is because each pattern of interaction is inherently relational – that is, people are mutually influencing each other in well-being-conducive ways. When those who seek the comfort and counsel and support of their colleagues (whom we can call care-seekers) are attended to, validated, supported and cared for, feelings of being accepted and cared-for, fitting in, and being recognized for who one is are produced. At the same time, being able to authentically care for these people, care givers are able to feel they are making a difference in the lives of others.

Significantly, as the analyses show, these patterns of interaction are distinct from self-interested forms of reciprocity in which one's actions are measured in terms of their expected return or reward from the other and where 'the other' is viewed as an object that can be used to meet one's own needs. To the contrary, these patterns of interaction constitute *caring* relationships which differ significantly from economic, exchange-based views of human interaction. Caring relationships are characterized by the extension of one's interests beyond the self – there is a flowing of one's motive energy toward 'being with', being receptive to and engrossed in, and apprehending the experiences of the other (Noddings, 2003). While the depth and intensity of this receptivity, engrossment and apprehension may vary, there is *always*, in caring relationships, an enactment of a genuine concern for the well-being of *the other*. Further, caring is a process of mutual engagement that depends not only on what the one-caring does for the other, but also on how the other receives and responds to the intentions and actions of the one-caring. As such, caring is only complete when care is both given and received (Noddings, 2003). This might be considered a form of reciprocity, but it is not an economic exchange. The person caring puts herself at the service of the other; the one cared-for contributes merely by responding to the one who is caring in whatever way is most authentic for him or herself. The one who is cared-for is not expected to behave in ways that suit the interests of the one-caring, but rather to be more fully him- or herself in the relationship. Indeed, this is the 'gift' that the cared-for offers the one-caring. As Mayeroff (1971: 7-8) notes,

> [I]n caring as helping the other grow, I experience [the other] as an extension of myself and at the same time as something separate from me [whom] I respect in

> [her] own right…. Instead of trying to dominate and possess the other, I want [her] to grow in [her] own right…[to be herself], and I feel the other's growth as bound up with my own sense of well-being. The worth I experience in the other is something over and above any value it may have for me because of its ability to satisfy my own needs.

For care givers (whether giving care to residents and patients, or whether caring for co-workers), the reward is in giving of oneself to help meet the needs of others. Consider the manager who said she *"loves that these people are here ...so we can use our skills to make their day a little better"*. We see here a meeting of what Frank (2004) calls two complementary abundances – the abundance of human need, and the abundance of the human need to give to others. The reward for the one caring is in feeling that one is giving to others - making a difference in other peoples' lives. The housekeeper, for example, does not expect residents to *do* something for her because she listens to their stories. Her reward comes from their response to her caring: *"When I can make somebody feel happy, then I'm happy"*.

Among VHCC members, relationships have a deeply affective nature that is often missed in organizational behaviour research and theorizing (Fineman, 2000; Waldron, 2000; Kahn, 1998; Wright & Doherty, 1998). One exception is the work of Kahn (1998, 1993) who has studied flows and patterns of caregiving, emphasizing the "emotional waterways" that connect and disconnect people in organizations (Kahn, 1998: 40). In one respect, analyses of the production of well-being in the VHCC support and cohere with Kahn's (1998, 1993) findings, particularly in terms of particular behaviours that constitute caregiving in work relationships. VHCC members' descriptions of well-being and their enactment of patterned interactions that produce them enable us to begin to see who these people *are* and how they choose *to be* with one another in their work environment. We see their feelings about others at work; we see their strong emotional attachments to one another; and we see their strong desire to make a difference in the lives of others. These are not atomistic, isolated actors who dispassionately come to work, do their jobs, and go home. Rather, we see that they are vibrant individuals mindfully interacting with one another in mutually respectful and supportive ways as they carry out their work together. In their interactions, they employ all of Kahn's caregiving behaviours: accessibility, inquiry, attention, validation, empathy, support, and compassion, creating flows of caring among one another.

The analyses of producing well-being in the VHCC also extend Kahn's findings by showing that these behaviours constitute four larger patterns of interaction (creating a comfort zone, caring for each other, carrying each other and learning with and from each other) that in combination, *produce well-being*. Further, while Kahn (1993) has tended to emphasize downward flows of caregiving from superior to subordinate, the VHCC findings reveal active, bi-directional flows of care giving and care-receiving in multiple kinds of relationships: manager – employee relationships, peer relationships, and caregiver-care seeker relationships. Finally, while Kahn (1998, 1993) primarily explores dysfunctional patterns of caregiving, the patterns and flows of caregiving in the VHCC are exceedingly functional.

That these caring relationships flourish within the VHCC is quite remarkable, especially given the challenges these people face each day. What remains to be explained is how these caring relationships are created and sustained over time across units in the VHCC. As Kahn (1998, 1993), Fletcher (1998, 1994), and Gordon (1996) have noted, caring relationships sour or flourish depending on the environments in which they exist. To understand how caring relationships are nurtured and sustained, we must look beyond dyadic patterns of relating to the larger organizational context in which they are embedded. This is my task in Chapter Five.

CHAPTER 5. SUPPORTING CARING RELATIONSHIPS

> *To work here is a feeling of being needed, of being appreciated, it's just a good feeling to work here. The staff is really great to work with, we seem to work as a team with the same goals and objectives in mind. We have our little minor bumps in the road, but overall, because we have the same goals, the same objectives, we really seem to know where each department's coming from... We try to act as one big department, I guess. [Interviewer: What are those common goals and objectives?] Well, first off, the resident. Their well-being and that's a very broad scope, because there's many things to it. It's not just their care but that they have a clean place, and that they're fed well, but that they're happy here, that they're made to feel that this is home, that they enjoy living here. That they want to be here, I guess...And it doesn't matter if it's continuing care or if it's acute care, there's really the resident or the patient. And then there's the well-being of the staff member. There's a lot of caring for each other here. [Support Worker]*

In this chapter, my focus is on answering the second research question, *How does the organization support interactions and relationships that produce well-being?* The analytic focus moves from dyadic patterns of relating to the entire matrix of these dyadic patterns throughout the VHCC which constitute what I call a *caring relational landscape*. This particular type of relational landscape provides the fertile ground (Dutton & Heaphy, 2003) for mutually affirming interactions and caring relationships to germinate, blossom, and bear the fruits of well-being. The intent in this chapter is to explicate the dynamics through which the caring nature of this relational landscape is constructed and sustained over time.

In the first part of this chapter, I develop this notion of a caring relational landscape. The remainder of the chapter is taken to describe collective patterns of relating through which VHCC members jointly construct and sustain the caring nature of the relational landscape: enacting core principles and navigating differences and tensions.

BEYOND DYADIC INTERACTIONS AND CARING RELATIONSHIPS:

A CARING RELATIONAL LANDSCAPE

Early in my fieldwork, I realized that beyond dyadic caring relationships within the VHCC there was a larger set of dynamics at work. The place simply *felt* warm and welcoming; a vibrant emotional tone permeated the entire facility. But I lacked the language to capture this feeling. Interestingly, VHCC members also admitted they lacked this language; they knew something special was happening, but they didn't know how to describe this in words. After I'd presented my research ideas to the leadership group in September, the Site Leader said:

> *You know, we've come through some tough times, but there's something about this place. When I get up in the morning and I know I'm coming here, I feel really good – I really look forward to coming and I enjoy being here (lots of people nodding in agreement around the table). Maybe Kathy can help us put words to this. [Field notes]*

What I was seeing was more complex than Kahn's (2001, 1998, 1993) holding environments and relational systems. This was not simply a flow of caring from one person to another. Rather, the flow of caring was *everywhere* – between managers and staff, between co-workers, between members of different departments and different disciplines, and between VHCC members and care seekers. This wasn't a one-dimensional web or network, but rather an entire landscape of caring relationships infused with warmth and laughter, and which seemed in turn, to energize dyadic, within-work unit, and between-work unit relationships. As Barbara, the administrative assistant noted:

> *There seems to be a lot of caring for each other to make it through the day or make it through the shift, shifts or, sometimes, we need to stop and care for each other. That, I see happen. ....Sometimes you just need somebody to talk to, an ear*

> *to listen. Hot chocolate. Quite often we'll have people come through the office going, "This day's not going well for me, I just need a chocolate" and so, you know, nursing staff come through here, or housekeeping staff...sometimes they just need to sit down and maybe vent, and knowing that the venting is just venting and once it's off their chest it's not going any further and, it's not going to go back to the floor, or wherever. Sometimes it's knowing that somebody's been having a tough week, one of the managers or whatever and you end up sending her flowers....*
>
> *...We can kind of tell, body language, who's about to pull their hair out. Sometimes there's just verbal communication and it seems to filter around the hospital really quickly. We'll hear that things are really heavy on Acute Care's floor, so "Avoid the floor right now", or there was a death in Continuing Care and it's affecting the residents and staff, or maybe something personal has happened in somebody's life, a family member has passed away, or a birth, or something...It's not meant as gossip, it's part of caring for each other...so when you see those staff members you can express concern or sympathy or whatever is appropriate.*

In trying to explain what was unique about this environment, some members made striking comparisons between their experiences in other facilities and their experiences in Valleytown. Linda, a nurse, for example, compared Valleytown to her former workplace, where the norm was self-interested and conflict-ridden interactions that ultimately diverted attention and energy away from serving patients:

> *[In the other place], you would walk in the unit and whoever you were on with, no one usually said "Good morning", and people were usually nitpicking about something right at the beginning of report and let's say a nurse was having a hard time keeping up, instead of someone going and saying, "Linda, I see that you're busy, maybe I could do this for you", they're mad and, "Why can't you keep up?" And so you're always pressured to do that and then while that's going on, there's two other ones that are having an argument or they're fighting and then there's another one over here who's mad at someone across the hall and she's talking to you about that and so all of a sudden it becomes this big soap opera within the nurses then and, oops, we forgot the patients. And I didn't like that at all. And it just was, the priorities were weird. So, and then here, I've hardly ever encountered a problem where, like of course you have personality differences but I can say to people here, you know, we can talk about it and that's it and we work together the next day and it's really good. So I don't know... it's really unique here actually for relationships.*

She went on to tell me why she loved working in the VHCC - because it is like "family", and because these relationships become crucial in times of crisis:

> *[Interviewer: What do you like most about working here?] I love that the staff is like family. I've never encountered that before...Everybody cares about everybody and we're very involved. Everybody knows about everybody's family, and kids and whatever and it's not just a job. They come here and support each other and we're friends...it's nice to have the extra support...encouragement and people are always wondering not only about what you're doing today but how things are, how is your family doing, you know, that kind of thing...because that really matters, then, that really comes into play in a crisis because you can lean on each other.*

Similarly, Christine spoke at length about the toxic dynamics she encountered in another facility - a place she characterized as fraught with altercations and self-serving attitudes. Then she went on to explain why she "absolutely loves" working in the VHCC - it is a great place to work, particularly because of the way she is treated by her manager, and also because of how people in general treat each other. Like Linda, she used the metaphor of "family" to describe these dynamics within the VHCC's relational landscape:

> *I always think that Valleytown treats its employees like family. And there's always a few outcasts in the family, but you still love them. You know what I'm saying? And that's how I feel too, and that's how you're treated. And, there's always a few outcasts. There's always a few little diamonds in the rough, and we've got a few in Valleytown. Maybe even I'm one of them and I don't recognize it. You always have those kind of people. We've all been raised differently and we're all different people and [our manager] sort of understands that and she actually even enjoys the differences in people and doesn't try to make them all the same. And [when you work with these different people], you just think, well, if you can look past [their differences], you can actually see they've got a really good heart. You know, [they do their job well] and [care seekers] enjoy them for who they are.. And [the manager] also does. It's like family. It's like, that's how it is with family. Not everybody's the same and there's some black sheep but you know, as long as they're not hurting you or hurting others, you're good to them.*

Doreen, a manager, also described the VHCC as being like a family, in which bickering occurs and is managed within, but to the rest of the outside world, members support each other, present a united front, and never degrade the family:

> *I think it was always that open communication. I think that's probably the key. And I think it was always that way since I've been here. I think there was always, I don't know what you'd call it, not friendship, but a, a closeness. And maybe a, kind of like a sibling or a family thing where, you can say something about me here or somebody might say something about me to you when you're here, and that might be one thing. But it's kind of like that family thing. You better not if it's outside these walls. [Interviewer: So in other words, you don't go talking about somebody else behind their back] No. Not outside of here. I mean, you might say, "Gee, you know, so and so's really bugging me, how can we figure this out or how can we do" in [the facility] here. You know if there's a problem and so you might talk about it and say, "Okay, what are we going to do?", but I don't think you do that outside. I think there would be that family kind of support that that's, my [Interviewer: There's a boundary]. Yes, don't, don't undermine that place because that's kind of my domain and that's important to me like you would with a family. Kids fight and fight and fight, but somebody outside says something about the sibling and it's like, you don't do that.*

And Jane, another direct caregiver said,

> *[The VHCC] is like a family...everybody seems to talk and get along. Like some facilities, and I'm not sure if they're unionized or not, it's management doesn't trust staff and staff don't trust management. It seems like, here, there's a level of trust and communication back and forth. There's more to working here than just putting in your time and getting your pay cheque.*

Others spoke, not of the support of particular individuals, but of the entire collectivity:

> *There is always that unwritten support. I don't think I would ever question that if I needed the support of one of the people here that I either couldn't go and talk to them or would know that they would support me if it was, if it came to that. I don't know that we socialize with one another, but I think there's a really strong respect for each other and what everybody else does...[Manager]*

> *If something really bad has happened in my world, I know that when I talk to people here, they're going to be a network. They're going to be a support network. So someone is going to offer comfort or advice or whatever I might be in need of at that time, or both. Whatever. But I know that there is a total support network here. For anybody. [Manager]*

In Chapter Four, I described particular patterns of relating between individual members of the VHCC (dyadic relations) that produce well-being. The data presented above and throughout this chapter reveal that beyond these dyadic patterns of relating there are *collective* patterns of relating that shape the entire constellation of relationships within the VHCC. In the data above, for example, we see that working together as a team and being part of a family produces joyfulness.

Although Kahn (2001, 1998, 1993) has mapped relational systems and flows of caregiving, he has focused primarily on dysfunctional dyadic patterns of relating. What we see in the VHCC are jointly orchestrated interactions that transcend the actions of any single individual or dyadic relationship – striving to "act as one big department"; a collective attunement, mindfulness and responsiveness to whatever is transpiring within the facility. For example, people quickly come to know when something is wrong – Acute Care is busy, someone in Continuing Care has died, someone has lost a family member - and they respond accordingly, *as a collective.* Other collective patterns of relating that extend beyond dyadic arrangements are evident – "we treat each other like family", "we don't take family matters outside of the facility", "we support each other". These descriptors are not of dyadic relationships, but rather of how *all* members throughout the facility relate with one another.

All of this does not negate the importance and power of dyadic relations; rather, it significantly situates them within a broader set of relational dynamics. Dyadic patterns of relating are nested within collective patterns in an ongoing interplay of figure and ground - collective patterns of relating shape dyadic ones and vice versa. For example, people come to describe the entire facility as "caring", and as "family", which shapes how they understand and interact with one another – when we have a "black sheep" in the family, we "enjoy her for who she is" and treat her well. In turn, this reinforces the sense that "we are like a family".

Various scholars understand these dynamics in similar ways. Shotter (1993), for example, speaks of joint action in which individuals, in interaction, create something new together. These new properties that arise - ideas, understandings, emotions, energies - do not belong to any individual actor, but are produced *together, jointly.* In turn, these new properties become part of the social field, shaping it in particular ways, and, ultimately, impacting individual actors and their relationships - each actor leaves interactions with another transformed in some way. Emirbayer (1997) reminds us of Cooley's (1962) reference to joint music making and Elias' notion of figurations - "the changing pattern created by the players as a whole…the totality of their dealings in their relationships with each other" (Elias, 1978: 130, cited in Emirbayer, 1997: 290). From these relational perspectives of social phenomena, the dynamics of relating are viewed as the matrix from which individuals and social structures alike emerge, evolve, grow, transform, decay, or become rejuvenated (Hosking, Dachler, & Gergen, 1995).

Within the VHCC, particular collective patterns of relating produce widely shared understandings among VHCC members about "what is valuable and worthy of commitment" (the well-being of residents and patients and VHCC members), "who we are" and "how we wish to work together" (we are a team, one big department, a family, and we care for each other). These shared understandings shape the social environment in particular ways – generating a sense of caring, communion and "we-ness" that transcends individual departments, disciplines and hierarchies. This sense of communion provides a nurturing environment in which caring relationships flourish, producing an abundant sense of well-being in individuals and in the collective as a whole. Drawing from the work of Shotter (1993) and Cunliffe (2001), I call this nurturing environment a caring relational landscape: *a dynamic matrix of mutually affirming and supportive patterns of relating characterized by the enactment of a genuine concern for the well-being of others.*

As a social entity, the relational landscape is both form and feeling (Sandelands, 1998). Its *form* comes from dyadic patterns of relating. Its *feeling* comes from the energy and emotions that are co-generated through these patterns of relating. It is this feeling that gives the landscape its unique essence and a life of its own. In the VHCC, the energy generated in mutually affirming interactions and caring relationships permeates out of dyads and into the broader relational landscape, infusing it with a life and character of its own. This is experienced as a sense of warmth, welcoming and buoyancy, the essence of which is an outward focusing on 'the other'. This is a central dynamic which fosters and sustains the ability of people to care for one another (and for care seekers).

In essence, the caring relational landscape supports relationships that produce well-being – which answers the research question: *How does the organization support relationships that produce well-being?* But left unanswered is how the *caring* nature of the relational landscape is produced and sustained over time. How are these shared understandings of 'what is valuable' and 'who we are' and 'how we wish to work together', and sense of communion created? Further, how is this shared sense of caring and communion sustained over time? Bringing these together, the question I now pursue is: *How do VHCC members jointly construct and sustain the caring nature of the relational landscape?* The answer lies in explication of two sets of collective patterns of relating. The first set has to do with the construction, through the enactment of core principles, of a shared sense of communion and 'we-ness' which lends the relational landscape its caring nature. The second set sustains the caring nature of the relational landscape by containing degenerative spirals of interaction that threaten its unique, caring nature. Describing these dynamics in detail occupies the remainder of this chapter.

CONSTRUCTING AND SUSTAINING THE CARING NATURE OF THE RELATIONAL LANDSCAPE

Collectively, VHCC members actively construct and sustain the caring nature of the relational landscape in two ways. First, they enact two sets of core principles which ground members in the meaning and significance of their work and guides how they carry out their work together. This is essentially a constructive process that produces the caring nature of the relational landscape and its associated sense of communion and 'we-ness'. Second, the VHCC's caring relational landscape is not nirvana – there are disagreements and conflicts here just as there are in any other organization. Crucial to perpetuation of the caring nature of the landscape is *how* these differences and tensions are navigated. VHCC members achieve this, jointly, by navigating differences and tensions. This process plays more of a stabilizing role in containing interactions that threaten the caring nature of the relational landscape.

Enacting Core Principles: Serving and Treating People Well

VHCC members consistently enact two sets of core principles that fundamentally shape and perpetuate the caring nature of the relational landscape: serving and treating people well. By "principle", I mean a general rule adopted or professed as the right way to act (Oxford English Dictionary Online, 2005). The first set of principles, "serving", focuses on serving care seekers by working together in particular ways. "Serving" unites people by generating a shared understanding of the meaning and significance of the VHCC's work. The second set, "treating people well", emphasizes *how* members interact with one another. These principles, in and of themselves, are quite unremarkable; they inevitably exist somewhere in every organization's documentation - vision and mission statements or statements of values and principles, for example. What is exceptional, however, is that in the VHCC, these principles are not empty rhetoric shelved away for reference when writing reports. Rather, they are alive and well, enacted in words and actions *in everyday practice* by managers and staff alike. In effect, they become the moral compass that perpetuates the caring nature of the VHCC's relational landscape.

Principle Set #1: Enacting "Serving"

The first set of core principles focuses on serving care seekers by doing whatever is possible to enhance their well-being. This set of principles includes the higher-order directive principle of "serving", which provides overall guidance and meaning, and two subordinate principles, "being equal" and "working together as a team", which are more specific operative principles indicating how the work of serving shall be accomplished. Collaboration and equality do not necessarily fit together with service in every caregiving organization but they are a natural implication of the VHCC's particular model of service delivery.

Because of how it provides essential background about the VHCC and the caring nature of its relational landscape, I begin my articulation of enacting core principles with the current Site Leader's story of how she, first as a staff member, and later as manager of the Care Centre, helped members reframe the work of continuing care from curing disease and aging to nurturing well-being. Diane's story begins in 1985 with her transition from acute care nursing to her passion, continuing care nursing. Arriving in continuing care, she observed that staff appeared to be authoring their work and their identities as "second class", and wondered why this was so:

> *And so I worked acute and ...then when I went into long-term care the question was always, "Why are you working here? People don't choose to work here. They work here if something goes wrong or if they want to retire or if they don't want to work as hard."... And they couldn't understand how long-term care was a heartbeat of mine. They just couldn't get it. There had to be something, because long-term care perceived themselves, and they were perceived by others, as being second class citizens. You couldn't quite make it in the acute care setting, you know, so here you are...And because they did not value themselves, I started thinking "Why?"...[To try] to figure out why they saw themselves in that way and why others saw them that way.*

Reflecting on what she was seeing and hearing, she concluded the medical model-based assumptions grounding the work of continuing care were to blame. And then, she saw the seeds of potential – a new way of re-constituting the work and worker identities in a more complementary light:

> *And then ... it just sort of dawned on me, you know, we're using the medical model here. And our job as nurses is, when somebody comes in, to reverse that disease process. Make them better, send them home, and we've been successful. So if you don't make them better and send them home, then you're a failure. [But] that was not true. Because...not only did I see the thought that "We're not as good", but I also saw that the relationships that were in this environment [were] caring and making a huge difference, but they did not know how to articulate the difference that it made.*

At this point, a series of events occurred, which resulted in Diane becoming the Care Centre manager. In her new role, she began to articulate with staff the difference they were making in the *health and well-being* of people. At this time (the mid-1980s), "wellness" was poorly understood in the health field, and two-thirds of the staff were care aides who had no professional training but rather were trained on the job. Their role models were registered nurses, who, steeped in the traditional medical model, focused on physical aspects of care: bowel movements, temperatures, and diet, for example. Recognizing this, she sought ways to redirect staff to a focus on wellness. One way to do this was to revisit and redirect the goals of continuing care, moving from the impossible (curing aging) to the possible - enhancing resident well-being:

> *Our goal is not [to cure aging] but to enhance well-being to the highest level possible. And we knew we could do that. And it all of a sudden made a goal that was possible. Because they did that. They did enhance well-being. And they began to look at ways that they could do that. Spending time [with residents]... I said to staff, "When your task is done you're not done. You know that you have a relationship with these people... You can take your cigarette break with somebody else who smokes. A patient. A resident. Right? So if indeed you're finished with the routine and you are finished ahead of time, or – and you want to just sit and visit with your resident, if they're a smoker, have a smoke with them". I said, "Have this relationship that zeroes in on who they really are. Develop that. You know, that relationship with them. Don't worry about if management is going to see you or not. This is part of your work. This is part of what you do".... And they started to come alive.*

This shift in philosophy was simple, yet powerful. It began to re-create the Care Centre, in members' minds, not as a place of failure, but as a place full of possibility and success, where residents' (and staff's) spiritual, emotional, mental, social, and physical well-being were honoured and nurtured. The focus now was on "being with" residents and making them feel as much at home as possible. This was something achievable, meaningful, and in which staff could take pride. Funding was secured so that staff could take special training in gerontology, further enhancing their skills and knowledge for nurturing resident well-being. Others in the VHCC, including acute care nursing staff, began to recognize and seek out their expertise in continuing care. According to Diane, their sense of worth and pride and dignity spiraled upward.

Other members recounted this story to me, and commented that prior to Diane's arrival, many of these ideas had been present. Acting from her passion for people, particularly elderly people, and in dialogue with VHCC members, Diane located and fanned existing flames, boldly enlivening the philosophy and rendering it more explicitly and concretely. Ten years after this occurred, the Edenization movement (Thomas, 1996) swept across the country, further augmenting the wellness-based approach already well underway by that time in the VHCC.

Accompanying the philosophical shift was the creation of a visual representation of the wellness-based model (see Figure 1)[9]. This diagram situated the resident and all the dimensions of well-being in the centre of a circle. All departments of the facility were arranged non-hierarchically around the periphery of this circle, indicating the resident was at the heart of every department, and that no department was of greater importance or status than any other. This was a distinct change from earlier ways of organizing when "nursing ran the show".

> *The care model we used was with the client at the centre of the model, and then everybody else feeding in to the well-being of that client. So, nurses and family members and physicians, and housekeepers, we were all on the same level. The nurse was not the centre of the model. The physician was not the centre of the model...Then that put everybody on the same playing field. So the head nurse, or the housekeeper, or the dietary aide were all focused on the same thing. That was the client. [Site Leader]*

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[9] Figure 1 is my representation of the diagram, based on members' descriptions.

Interestingly, the diagram no longer physically exists, yet many people, especially those who had taken the Care Team Aide Course (designed and delivered at that time by the current Site Leader and current Care Centre Program Manager), vividly described it to me. They inevitably depicted the diagram either as a pie or wheel. In the telling me and others about this diagram, they were actively re-creating its meaning and significance: Care seekers and their well-being are at the centre of the care model, and all departments play an equal role in nurturing their well-being. Each person and each department is here, on an equal level, to help residents feel as much at home as possible, to serve them and to nurture their well-being. We work together as a team to do this.

This is one way in which the wellness-based philosophy has endured over the years, permeating not only the Care Centre, but also the Acute Care Hospital, creating a rare sense of equality between them[10]. Twenty years later, the focus on serving residents and patients remains a super-ordinate principle guiding VHCC members in their everyday practice and decision making. This is a philosophy that deeply permeates the VHCC's relational landscape, yet it is no static state of affairs – the philosophy is kept alive and vibrant through active creation and re-creation each day through conversation and enactment of the principle of serving.

Spending time in the various departments, I was struck by the consistency of the mantra, "This is the residents' home", frequently accompanied by another, "I love the residents". Orienting me to their work, people demonstrated how "making it their home" guides their actions: knowing each resident and whether s/he likes tea or coffee, and with sugar, cream, or not, for example; or taking time to chat with residents while tidying their rooms and emptying the garbage; or encouraging willing residents to help out – folding towels or putting away supplies or delivering mail. Recreation therapy

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[10] In many facilities housing both acute care and continuing care services, continuing care is viewed as subordinate to acute care.

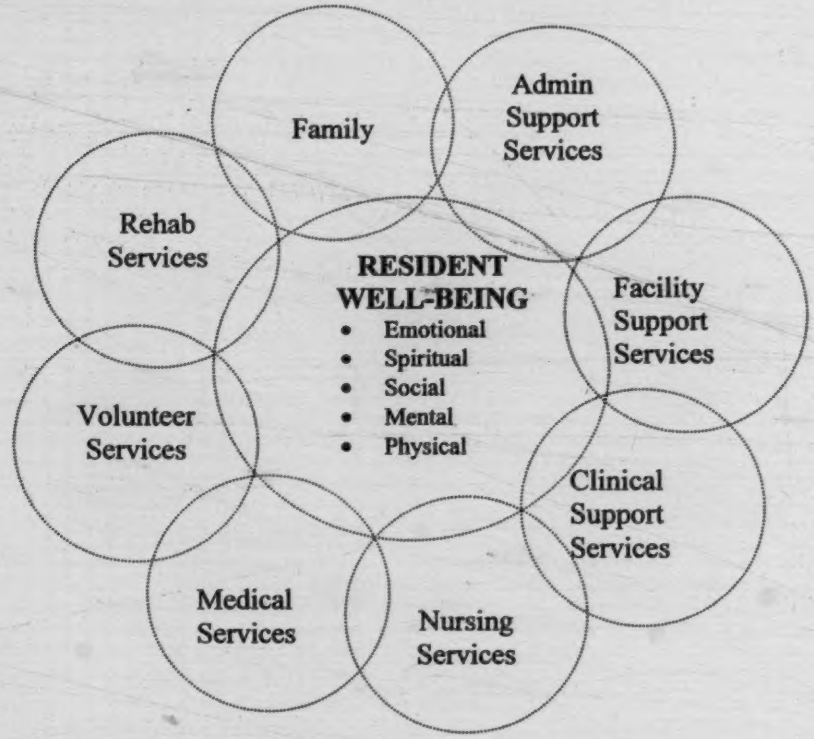
Family
Admin Support Services
Rehab Services
RESIDENT WELL-BEING
Emotional
Spiritual
Social
Mental
Physical
Facility Support Services
Volunteer Services
Clinical Support Services
Medical Services
Nursing Services

Figure 1. The VHCC's Model of Service Delivery[11]

staff excelled in this regard, engaging residents in home-style cooking, barbeques, and even pub nights. It seemed easy for people to imagine what they would like or what their parents might enjoy if they were residents here (indeed, several people joked that they wanted this to be a good place because they might wind up as a resident one day). This in turn helped members set high standards for themselves, a mindset that was further encouraged by managers. The Nutrition and Food Services Manager, for example, admonishes her staff to, "*Put your mother on the end of that [meal] tray. If you wouldn't serve it to her, then don't serve it to the residents or patients.*"

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[11] NOTE: This is my interpretation of the model. The model now includes acute care patients. Numerous departments are subsumed in some circles.

These simple messages keep the importance of serving and nurturing careseeker well-being alive everyday, guiding their actions and decision-making. The focus on fostering resident well-being gives permission to staff in all departments to take time away from their tasks to attend to and be present with, the residents. In a conversation with one person about this she said,

> *That's our job! Our job isn't materials management, we're working in their [residents'] house. And that's come from top-down. That's why it works. People have the permission to care for these people.*

This is why the maintenance manager can, without guilt, play a game of pool with a resident, and why housekeeping staff can run errands for residents, and why daunting escapades such as a helicopter trip with residents are fully endorsed. This is why, staff told me, they love their jobs – because they like being able to create a home-like environment for these residents. In being able to care for residents and patients, VHCC members are able to truly feel like they are contributing, and making a difference, and doing a good job, which directly contributes to their own well-being. Further, they support each other in doing the same.

Stories of small acts of caring and generosity are told and re-told to keep the vision alive and to assure members they are on the right journey. The Care Centre manager, Carol, for example, told me this story:

> *Sometimes I have to stop and take a look at it myself because I think, ''Oh, we've stagnated on the journey. Where are we looking at loneliness, helplessness, and boredom here?" But you really look at what's happening out there. It's not the big things that happen. It's the day-to-day things. Like, [we had resident] who was sort of a grumpy old man, and his wife was worse, and their anniversary was*

> *coming up. Did I tell you this story? [Interviewer: No.] [He told his caregiver] that he hadn't been able to buy his wife anything for a long time because of his health, just couldn't get out and do things. And so the caregiver went home and made him an anniversary card and brought in a rose bowl and he gave it to his wife. And she just dissolved into tears. She was just so happy. And he died shortly after and I thought, "What a lasting memory", you know. Didn't take really anything for the caregiver to do that, but it made a huge impact for him and for her. So it's those little things, you know, or taking the time to give them a hug or listen to them tell a story...and that's what makes a difference. And that's what I have to really focus on and tell [staff]. Take the time, you know, five minutes doesn't seem like much, but it can mean a world of difference.*

The focus on serving also helps members navigate ongoing changes within the broader system. This is evidenced in the way VHCC members interpreted the CRHA's implementation of Meditech, a new computerized information system that would dramatically change management of care seeker information throughout the region and the province. Implementation of the system was a huge undertaking. All staff in the region required at least three days of Meditech training, creating an instant headache for VHCC managers. New computers were required. Numerous existing practices would need to be changed. And on, and on and on! The implementation process was fraught with setbacks and complications. At monthly leadership team meetings, updates on the progress of Meditech were shared. VHCC managers in these meetings discussed their concerns, but no matter how frustrated they were with the process, they always constructed the change as painful, but one that would ultimately enhance patient care. A manager in one meeting described it as "*Massive, far more than we understood...can't imagine how it will get done. It's going to be a wild ride. Quite a challenge. Huge undertaking. But it will be good.*" Another manager responded, "*Everybody will be affected, but it's going to have a lot of positive effects, it should improve patient care.*" Always, the focus was on enhancing their ability to serve patients and residents.

Enacting 'Being Equals'

The non-hierarchical placement of departments around the periphery of the circular model of care delivery implies that all departments are equally important and necessary to serve care seekers. This fosters equality among individuals and departments. Location of care seekers in the centre of the service model, and non-hierarchical arrangement of departments around the care seekers results in an egalitarian structure of relationships within the landscape. This equality is demonstrated, for example, in monthly Facility Leadership Team meetings, which operate on a rotating-chair basis. Beyond the leadership team, in words and actions, every department and its workers is considered equally important in carrying out the VHCC's work. Margo, a direct caregiver, spoke in detail about this equality:

> *The other thing I should mention that's good here. I find that it's a level society. And I've worked in places where it's very hierarchical where you can't like, someone say like [the site Leader] or [the nursing manager], I could not approach them. I would have to approach them through my next superior, or I couldn't, I'd have to go through the layers. But here, it doesn't matter what position you work in, you can walk into anybody's office and talk to them and it's literally a very flat organization. Any bumps there are fairly inconsequential. But it's a very very flat organization and... I think that's why it works so well.. ... [E]verybody treats everybody the same whether you're in some sort of support capacity or if you're a professional. It doesn't matter, we're all the same and everyone recognizes that each of their jobs is just as important. Like we'd be screwed without proper housekeeping, you know, bugs would go wild. And without maintenance, man, like you know, we wouldn't be able to work, so you know, it, it's I think we all recognize that we're important parts of the same creature here.*

Many managers spoke about or demonstrated their belief in the principle of equality. Carol, the Care Centre manager, for example, talked about how she feels, and wants to be considered as equal with her staff:

> *I don't feel like the boss. They'll [staff] laugh because, "Oh, there's the boss". I just hate that, you know, I just want to be, although I have to make the hard decisions, but I just feel equal to everybody so it doesn't matter what job they do, and I just so highly respect the PCAs because their role is their heart. They do a great job.*

Staff in the housekeeping department appreciated their manager because she sits with them in the afternoon and helps them fold cleaning rags:

> *It's just being able to sit in the office and she shuts down the computer and folds rags with us and that kind of shows us that we're all the same. It doesn't matter what position we have, but that helps. That helps a lot, [her] just being one of us.*

Enacting 'Working Together as a Team'

> *Ever since I've been here [more than 15 years], it's been preached upon, "You've gotta have team work. You've got to stop and think about what your ultimate goal is and the ultimate goal is to take care of the patients and residents." [Interviewer: Where does this message come from?] It's been the department heads and the management team. And ever since I've started, it was like "You've gotta work like a team. No one department can run this hospital by itself, so everybody's gotta work together. Because yeah, sure, you might think your department's got the hardest job, but without all these other departments, are you even going to be there?" [Support Worker].*

To VHCC members, "serving care seekers" is most effectively achieved by working together as an interdependent team. This was a message I heard repeatedly, particularly from my key informants who continually made comments like, "*We're a team"* and, *"There's no "I" in team*". My experience was not unique - Rosa, quoted above, noted that ever since she began working at the VHCC (more than fifteen years now), this focus on "being a team" has continually been "preached" by leaders within the facility. Working together as a team was evident everyday as VHCC members crossed the boundaries of their formal roles to help each other. One manager summarized it this way:

> *I understand that when you're big you have to have certain rules and [regulations]. You have to make sure somebody does something. So if there's beds to make then somebody's gotta make them, right? And so you have to have that on somebody's job description. But what happens here is, "Yes, it's on my job description, but I see you as a person needing help and I'll help you today." [Manager]*

This dynamic plays out at multiple levels within the organization. At the department level, for example, the Site Leader spoke of how managers shared resources before regionalization. At that time, the facility operated with a global budget and various departments would help each other out so care seekers could most effectively be served:

> *Before regionalization happened, we had a global budget. A million dollars to run the hospital. And if long-term care nursing was over, we would find people like housekeeping or nutrition and food services or someone else, some other budget saying, "You know, we've got some extra". And so instead of this silo kind of operation, everybody in this building had the patient and the resident at their focus. And so when you did that, all of our monies went to the same thing. And so if nursing needed more to care for these patients at the bedside, that was the passion of everybody. "What can we do to help you?". So housekeeping might say, "We've got some dollars we can give you". That was the way we operated. And that happened at the management level only after we got off this, "This is my dollars, you can't have them". [With] the wisdom of "You've got a problem, how can we help?"... we began to take a role of, "Together, we're serving these people, and how do we do it better? How do we figure this one out and we'll try and get dollars for everybody, but if we have a shortage of dollars, maybe nursing can help out". You know. The wisest thing you ever do to have a healthy organization is to give away. You give away, you get so much more in return.*

When regionalization occurred, however, the organization was structured and budgeted differently so that each manager now reported to Directors located outside of the facility. This caused some difficult times, particularly when these Directors would not allow

VHCC managers to share their budget excesses with other departments within the facility. Despite this, as fiscal pressures have mounted, the VHCC has continued to provide excellent care in a cost effective manner, to a large extent because of its focus on working together as a team. As the Site Leader notes,

> *I mean, the focus of management is dollars, and doing things most effectively and efficiently and rightly so. We need to be effective. We need to be efficient. We need to do things well. We need to have the highest quality standard and service offered. But I think we can do all of that. I think we can be really good at dollar management and real good at focusing on patients. And we've done that for years. We operated on a very lean operational budget compared to many places and that was good. And we've been able to continue to operate on lean dollars. Not one cent added to patient care in either acute or continuing care since we regionalized. That's ten years. In terms of FTEs, we don't have any more staff. ... Our cost per patient day is right in the middle of the pack. So you can offer this. It's a philosophy. It's that working together as a team.*

Within departments, dynamics of working together as a team are also alive and well. Karen, the acute care unit clerk noted, people don't say, "*That's not my job*"; instead, they say, "*How can I help*?" and that makes you "*almost want to kiss their feet*":

> *[People here don't say, "That's not my job"] And that's something I have always felt really good, that you don't get that here... And like housekeeping will help nursing. Like if they see a patient... they'll wash their hands, they'll hand out a tray, they'll pick up a tray, they'll take a patient to the bathroom and tell the nurse...And that means so much, you know. Or some of the girls will say, maybe [housekeeper] has a lot of beds to do...it doesn't matter, RN or LPN, they'll go, they'll help her...you know that's really wonderful, don't you think?...I think that's very special. There's times when I'm bogged down, the girls will say to me, "Can we put the laundry away?" These are RNs and LPNs. "We'll do that for you". You know, my God, you almost want to kiss their feet.*

Grounding this focus on "team" is the principle of serving care seekers and serving one another. Karen, for example, goes far above and beyond the call of her formal job description by doing numerous things for nursing staff so they can focus on being with patients. She summed up the teamwork approach up this way:

> *Number one, it is the patient. That's why we're all here. Whatever little bit we do, the end result is, it's going to make it better for the patient. And I think that has been the one thing that I've always had in mind. Yes, I have my jobs to do, but to me, the ultimate thing for what I do - the patient. Our patients. It will be better for them.*

Similarly, Barbara, the administrative assistant talked about doing "even just one thing" to help someone who is having a hectic day:

> *It may not be significant, it might be just a five-minute memo, but it's just one thing to take off their desk, and that might not seem like a lot, but if they're having a hectic day, it's just one less thing to worry about.*

Enactment of the principles of serving, being equals and working together as a team fosters cohesion throughout the VHCC. Enactment of "serving" continually constructs and re-constructs a shared sense of the meaning and significance of the VHCC's work which binds people together. This is reinforced by notions that every person is equally important in this work and that people must work together. This focus on working together to serve care seekers, to a large extent, seems to forestall competitive dynamics which are a potential source of division and conflict among members. One manager summed it up as, "*Nobody's fighting for the hero cookie here*". Another manager noted there is rarely, if ever, competition among people in the VHCC, that people don't seem to need to seek more recognition, and that when other members possess important knowledge and skills this welcomed as "one less thing to worry about" rather than as a sort of one-up-man-ship:

> *I don't ever feel a competition between us here at all. And I don't think there ever has been, and certainly I don't think there is now. I don't think there is any that [would say] "I want to be recognized more", or "I want to be seen as this, this, or that"...And I think if you gain something that might be of value to the rest of the team, I think they're all more open to saying, "Oh, well, great! You've got the knowledge, share it.", where I think sometimes there's, in other environments, it's like "Who are you to know? Why would you think you know more than I do about*

> *this?" And I don't think that's true here. I think there's just an acceptance of the fact that, "Oh, good, they know, that's one less thing I have to worry about".*

This passage reveals that people in the VHCC tend not to be ego-driven or reward-driven, but rather, they are bound together in a common, meaningful purpose. Whatever anyone can contribute, no matter their position within the facility, is valued and in fact, within the leadership team, expected. Leaders talked about how they know each other so well that when some job or task needs to be done, they know exactly who is best suited for the job. Whether the job fits in the person's portfolio or not, they find mutually satisfying ways to enable the person to take on the task. As one leader said, *"We all know each other's strengths – without each other, we aren't very good."*

Principle Set #2: "Treating People Well"

Enactment of a second set of principles, "treating people well", mutually reinforces the principles of serving, being equal, and working together as a team. Members spoke of a legacy of leaders and physicians who held the philosophy of treating people well. While specifics were not offered in terms of what "treating people well" entailed, analysis of data revealed three operative principles indicating how "treating people well" is enacted each day: respecting each other, supporting each other, and enjoying each other.

Enacting "Respecting Each Other"

"*We respect each other here*" was a phrase I heard over and over again, particularly in my inquiries about how working in the VHCC adds to members' well-being. This respect is not a hierarchical kind of respect that occurs between superior and subordinate; rather, it is mutual respecting for each other as people – as unique, living breathing and inherently valuable human beings. This mutual respect is enacted in several ways, which I outline below.

Assuming the best of others. First, respect is shown by people assuming the best of others – that is, endeavoring to see others in the best possible light, trusting in their abilities, and attributing the most honourable motive to their actions. This was evidenced in the way three managers spoke about their leadership approach:

> *[Interviewer: What about your philosophy/approach to leadership?] One of the core things is respect. Always treating people with respect. Whether it's the employees in the department um, the other managers, residents, clients, always treating people with respect. [Interviewer: What does respect look like when you see it?] One of the things about respecting employees is that I don't believe that they want to do a bad job. That they get up in the morning and say, "I'm going to do the worst job that I can". I don't believe that. And I believe that if there are issues with the employees – they haven't done a procedure correctly or something – it's that they don't know the procedure, they've forgotten the procedure, or I don't assume that it's something that needs discipline. You need a discussion, not discipline. And as far as dealing with the other managers, I may disagree with their perspective on things, but I would have to respect it, that their view is different than mine, but I also believe that they are also working towards client care. If I didn't believe that then I would have a harder time dealing with them.*

Another manager, Lois, told me that if she receives a complaint from a careseeker about treatment received from a staff member, she won't say, "Naughty, naughty" to the staff person but rather will say, "This is how you were perceived by this patient":

> *[Say] it was you that was caring for this lady and she thought you'd snubbed her or something and that was not your intention, I would never come in and say, "You were being horrible to this person", because I can't judge it. So I'll let you go out and deal with her yourself and say, "Mrs. So-and-So, I'm sorry that's the way you thought I was perceived being, but I didn't mean it that way." And to me that's the best way and that way you're not judging somebody when you weren't there.*

Similarly, the Site Leader told me that without exception, there is usually a valid reason underlying "performance issues" and that, for her, there is no such thing as "discipline":

> *There isn't such a thing for me as discipline. There's help. But there's not discipline. If something's going wrong and there's been no exception to this ever, if something has gone wrong within this organization and there's been somebody that has done something outside of the boundaries that they should be operating in, there's a reason for that....Number one, I'll make sure that the client is not hurt and that there's safety here. There's no risk. But when I'm looking into the issue I say, "That's not like that person. What's happened to that person to make them respond like this? Or react like that?" So we begin to look at the personal issues and without exception there are personal issues outside of here and I mean they're frightened that their job is going to be gone. That's the last thing they need is one more issue, you know, when they're already up to here in issues, right? Because life is falling apart. And if somebody is in trouble, coming into the office number one is not strange because they've been here before. They've been here for good things, right? Number two, I know them. "So what's happened? This isn't like you. This isn't usual. Can you tell me what's going on in your life? ...So how can we fix it? How can we help you? Be better?"...But let's see the person as a person, right? And I think that is a healthy organization. I don't walk into my day wondering if I'm going to be fired. Wondering if somebody's going to yell at me and I'm going to be in trouble for something. Not being able to be creative in how I do the business that I've been asked to do because I haven't done it by the book. So I think that kind of environment enhances the growth, creativity, and the work potential of people.*

Staff deeply appreciate how managers assume the best of them. Darlene, for example, wholeheartedly endorsed one of the managers who demonstrates her trust in the capabilities of her staff, and said how empowering she finds this to be:

> *Sophie is amazing. I'd follow Sophie to the end of the world. She just inspires you to want to do a good job. [Interviewer: How?] Well, her energy and her motives and the way she deals with difficult circumstances...Sophie makes you feel like its your responsibility and that she trusts you to deal with the situation the way you see it at the time. Instead of coming and telling her. She wants you to fix it. And that's what she's instilled in me. And there have been times when I've gone to her for counsel. But most of the time, I feel I can handle it. It's empowering.*

Just as managers assume the best of others, non-managerial members strive to respect individual differences, and to look beyond individuals' "irksome qualities", instead appreciating their strengths. In this way they value and accept people for who they are. Karen, for example, talked about the value of accepting differences, even when they are irksome:

> *Each person, as much as you dearly love them - my own husband. You know, there's just some things that irk...but there are things about myself that irk him. And you just have to accept that about them. That's the way they are, and be done with it. You know, each person, we all have our little irks that irk other people, but that's just part of that person. It's not a bad thing... And you let it go. If you want to look for the irks and magnify them, oh my. [Laughs]... If so and so is on, the department might be a bit of a disaster area, but to me, it's no big thing. That's just how it is when that particular person is on. If you make it an issue, then it will become an issue... Like working with that many people, it's just part of working together.*

Other members, such as Christine, cited at the beginning of this chapter, noted that some people are like the "black sheep" of the family, but, "*if you can look past that, you can actually see they've got a really good heart...[and] as long as they're not hurting you or hurting others, you're good to them*".

Other people spoke of appreciating peoples' unique strengths and gifts. The talent of two artists in the facility, for example, is recognized and honoured by invitations to paint murals for the hospital. Given this recognition, they freely volunteer their time. Similarly, avid gardeners were supported in their idea of starting a summertime gardening project with residents. The result is, each summer, an outdoor courtyard overflowing with a vibrant kaleidoscope of potted blooms tended carefully, if not obsessively, by residents. These activities are not only intrinsically rewarding but members also receive accolades for their work from VHCC members as well as visitors to the facility.

Demonstrating positive regard for others. Akin to assuming the best of others, which is not always readily visible, VHCC members find many ways to demonstrate positive regard for one another. In some cases, managers provide positive reinforcement to staff for their efforts. As the person quoted below noted, "When you say "Great job!", the job's greater tomorrow":

> *We get little notes and comments, and we get positive things from one another and from our customers that say, well, look at that [name's] father wrote in the paper about a month ago, did you read it? It was a fabulous commendation to the facility saying there is just no better place that you could possibly find in this province... And he talked about the kinds of things we do, he talked about how people treated him as an individual, how they treated him as important and when you see that, you think, "Hey, we're doing something right, we'd better keep doing whatever we're doing"...And I will tell that [to staff] because I think the more you think you are doing a positive thing, the more you want to do it. And if you think it's making a difference, you try that much harder and I think our staff do the same. If you say "Great job!", the job's greater tomorrow. [Manager]*

Similarly, staff make sure to notice their co-workers:

> *Some of the girls are tremendously good with other people and praise them. "Is that ever nice", or "Gee, you look nice today", or "I like your shoes" or "I saw your child in the newspaper and you must be proud"... So that's giving recognition to people and that's group well-being. All of us trying – because we know if everybody's well that we work with and everybody is at their best they can be, then the work environment's better. Selfish. But it's true. [Manager]*

Managers also demonstrate positive regard by being transparent, keeping their doors open, and welcoming conversation, questions, comments, and complaints. Many staff members talked about how they appreciated the "open door policy" of their managers – that their managers are very approachable and are always open to hearing new ideas, concerns, or questions. As one person noted:

> *[Interviewer: What are [leaders] doing that sustains this culture or climate or whatever you want to call it?] Communication. Education... Not giving the appearance of operating in secrecy, letting [staff] know that, "My door is open...you're welcome to stop by and express your concerns, talk to me. This is what we're working on. This is our goals. This is where we're heading, this is why we want to do this. This is the background", and that way [staff] are involved in the process, too. That they feel their opinion is valued, that their efforts are valued and appreciated. And leading by example. If all staff are to be eating in the cafeteria, all managers will be eating in the cafeteria. They won't be in their offices working through lunch. They'll come down and eat in the cafeteria with the staff and be approachable.*

Importantly, managers respond quickly to concerns, indicating to staff that they are indeed heard and respected. Joanne, for example, said this about her manager:

> *[Our manager] calls people into the office frequently to say, just to touch base, "How is this working?, How do you feel about that? Anything we need to change?". She very much relies on the staff for input. For example, we had some water jugs and they were kind of slippery on the outside. They kind of condensated and they had no handles... And the staff constantly complained about them for a week. And then [the jugs] were gone. She just put all this money into these things, but she did listen to us. It would have been easier to say, "Well, when they're broken, we'll replace them", but she didn't. They're gone and she brought in new ones....It doesn't matter what it is, she does try to appease you and make it easier for the staff... she takes your suggestions very seriously. So you never feel like you're talking to the wall.*

Managers also demonstrate regard for staff by patiently providing as much information as possible, particularly when implementing decisions that staff are uncomfortable with. This perhaps is best exemplified through a story told by the administrative assistant who observed that staff will often be upset and negative about something new, but once they understand the reasons underlying the change and the deliberations that were made, they become more accepting:

> *When we Edenized, nobody wanted a cat in the facility. You know, "Everybody's allergic to it"; "Everybody's going to have to clean up behind it"; "There's going to be all this cat hair". Everybody was very negative about having pets come into the facility, let alone have one live here. Then it was, like an education process and a bit of background, and stopping to think, you know, "This is their home - when you come to a facility like this, would you want access to a pet?" And, well, what about all the allergies? Well, the air is [circulated frequently so the possibility of allergies is low]. And then seniors' immune system is lower, once again, the less likelihood of allergies. And then it was well, if [staff] have have an allergy problem with all of this, we will accommodate you and work with you to, maybe work in another area. And it was, well, we'll do this on a trial basis. You give us your feedback. And there was actually a couple people that were still very negative about having a cat come into the facility. After the education process, we hadn't even got to the evaluation part, and the staff themselves, like front line staff, with their talking and that, they managed to turn the two that were very negative about this around to being somebody very positive. And now one of them is very involved in making sure that there's cat food, there's you know, whatever. The cat is healthy and happy like all the residents.*

She also spoke about how she had to learn to phrase administrative memos to staff in ways that would demonstrate positive regard:

> *[Problems] are always tried to be dealt with in a positive manner. That was something that I've had difficulty learning how to do at times. In a memo, sending out a memo and you've got to tell staff that they can't do something. To never write it in a negative form. So instead of just simply saying, "You cannot do this", and depending on what it is, and how strong of wording that you have to use, but it's always done in a positive form....It could be simpler to say, "Please do not park there", but instead of saying "do not", it is finding other ways of saying, "All staff are asked to park here for these reasons". ...It's rare where you will see a memo or a letter from most of these managers that has a negative, "do not, will not"...it's always done in a positive and constructive manner, and it's funny, that, it sounds so simple, but quite often, I still catch myself when I go to write something and then it was like, "No", you know, "You've got to take this and make it positive".*

I also heard about how newcomers are treated with regard, even when they are "prickly". Consider the story I heard more than once about how the management team cared for Donald, a pre-regionalization administrator who came to Valleytown from a large urban, corporate setting. Donald, they said, had a problem with trust: "*He just couldn't adjust to the fact that when you had a hallway conversation with someone and said you'd do something that you didn't have to run back to your office and write a memo about it.*" Others referred to Donald as being "prickly". One conversation about Donald began with a more general conversation about my observation of the lack of competitiveness among VHCC members, which led to a discussion of dealing with people who have a competitive bent and an aversion to vulnerability. This is where the story about caring for Donald came up. I repeat it here because of its richness.

> *And periodically we'll get those kind of people that come in here and we had an administrator that came in here and what we did is we showered him – he was really, really difficult. Really difficult. And that I mean, he was a key individual so he would demand everything in writing. He would demand everything in perfection. He would be hard on people. And so the first thing you wanted to do ... is be hard on somebody else. [Laughs] Because – that isn't fair, you know, and as we met together and as we dialogued together, we used again those principles of how can we serve another? How can we help him? There's some kind of deficiency there. We don't want to make him – we don't want to fire him. We don't want to get a petition. We don't want to do those kinds of things. What we want to do is how can we care for him so he becomes a trusting individual? So at the first Christmas, he had been here for awhile and at Christmas, people felt like " I don't want to go to the Christmas party. I don't want to do this. I don't want to do that". And I said, " 'You guys. What's his favorite thing? We know he likes M&Ms. We know. When we go into his office what does he have? M&Ms". I said, "We know that that's really important to him". And it's the only -- as close as we could get to him. Just to know that. So we decided at Christmas time to instead of "We're not getting anything for Donald", we decided to, every one of us on the department head team, we bought some different form of M&Ms. One was an M&M candy machine. Another one was almond M&Ms that did this or that, and so and we had this Christmas dinner and instead of buying each other gifts, we brought gifts for Donald.*
>
> *And we had a hoot because he was so surprised and he was so affirmed by who he was. He was the focus. You know, he wasn't this prickly person anymore. And ... it changed who he was. But if we would have responded in kind it would have been this choooo, you know, so what we did is we responded the way we wanted to be cared for. We cared for him. It's an upward spiral. And you change it. You change it. You don't continue the downward. And that was a wonderful example. From that he did not change wanting everything in writing. But he was much*

> *more comfortable and we could laugh with him. "Remember when you did such-and-such?". And things were a whole lot better in the environment. And he was a little more giving.. And we still honoured him. There were still days that he was prickly and we just thought, "Oh oh", but we had a way to counteract that and it is not with the same kind of medicine, it's the opposite.*

I was struck by this story of how VHCC members refused to reciprocate Donald's prickliness and lack of trust. Instead of retaliating or withdrawing, they embraced Donald, found a way to honour him and show him they cared about him – giving him the "opposite kind of medicine". Together, they enacted a caring perspective, opening constructive avenues of action that stalled a potentially degenerative and ugly spiral of interactions and instead generating a more virtuous spiral. The leadership team may not have fully succeeded in their efforts, but they could also take comfort in knowing they had taken a virtuous approach to resolving their issues with Donald.

In similar fashion, informal leaders demonstrate positive regard for their co-workers. This is exemplified in Christina's comments regarding how established members use peer pressure to orient newcomers to the ways of the VHCC:

> *We get a few [new staff] actually that have come over from other places [and they are] already sort of on the defensive. Peer pressure gets them. Like, really, that's how it is. [Interviewer: So how would it work?] I think, as soon as they say, "Okay, I need a day off on the weekend", and they're expecting you to just say, "SORRY", you know, "Are you going to pay me double time from now on?"... Well as soon as they hear somebody saying, "Sure, and is there anything else we can do? Can I bring you a [?]casserole?", it's pretty hard to, when somebody calls you and says, "Hey, look, we're short, can you come in?". It's pretty hard for them to say, "Uh, no, sorry".*

Again, we see informal leaders taking the high road of honouring peoples' needs rather than instigating a degenerative spiral of interactions that might ultimately deny both parties their dignity. "Peer pressure" is used to encourage positive behaviours conducive to the ongoing construction of a sense of communion and 'we-ness'.

Enacting "Supporting Each Other"

> *People support each other here. They support each other in the work they do and in their personal lives...If somebody's unwell, we help them do the best they can and I think that's really exemplified here. There's people that are supported and assisted through difficulties in their personal lives...and so because it's a caregiving profession, a caregiving building, that's what we do.[Manager]*

People also spoke a lot about how they felt supported by their co-workers. This support differs from respect in that support involves provision of some kind of resource to help the other deal with whatever is going on. A central dynamic here is supporting each other in difficult times, which builds enduring bonds. Within the management team, for example, there is a strong sense of mutual support, which one manager attributed to a long history of working together with other managers in Valleytown:

> *Nine of [the leadership] group have been here for more than fifteen years...And knowing we've all gone through the same things together. We all have appreciated how hard, it was hard for this person at this time, this person at that time, and I would be surprised if any of us didn't ever feel when we were the one going through it that the others were not always there as our support. And I think all of us use that. I think that at some point or another, all of us went to the group, or to one or two of the others and said, "I don't know if I can get through this", and I think that support was always there, verbal or not. And I think probably even yet, even when somebody brings up an issue that you think, "Oh, let it go", you think it's really important to them right now or they wouldn't be bringing it up here.*

A force that binds people together is the mutual support they offer in facing their sometimes challenging work together. Hilary, a direct caregiver, for example, describes the support people give each other during a "hairy shift":

> *Experiencing things together brings you closer to people. When you've experienced a real terrible shift that's been kind of hairy and you've done it with somebody and you've kind of survived it and you talk about it after. It brings you closer to them. It doesn't mean you're best friends, but it gives you understandings of people.*

People in the VHCC see aspects of human life that are tragic, disturbing, and sad, and some that are also uniquely joyful. These are situations that family members of caregivers can rarely comprehend. As such, relationships with co-workers serve as a safe and mutually empathetic space to support one another, to debrief, to grieve, to cry, to celebrate these parts of life that few people seldom experience or appreciate. As Linda noted, these relationships thus become very important:

> *You know, we spend more time in this building probably than with our spouses and our families. So there has to be something here in order for you survive because you see some awful things and you go home and you know you're really moved and touched by it but you can't always take it home because your family doesn't always understand what you see. So then you have to, it's important for you to seek out those [relationships with co-workers].*

In this mutuality of sharing, unique bonds develop among VHCC members, the relational tissue in the space between VHCC members becomes infused with shared, deeply moving experiences and the remembrance of being supported by one another in those experiences. In talking about this with a nurse, Dolores, she made the following comment:

> *We encounter a lot of sad and happy things, so it's part of the job and because I think we have such strong relationships, we're able to really lean on each other. If we were in an environment where those relationships weren't there and you were going through this really hard stuff and you were all by yourself and then you had to go home and try to explain it to your family who didn't understand it, like no wonder nurses burn out because it builds up. But I think because we've got what we have here, it makes it a lot easier.*

Over the course of my field work, I came to understand one compelling aspect of caregiving in rural facilities: that as a staff member, one inevitably winds up caring for family members, friends, and neighbours. When these people are critically ill or dying, the emotional load on caregivers is tremendous. I asked Dolores how they cope with this, and this was her response:

> *It's hard for me being it so close to home because then those emotions that you try to lock away are involved. So for me, that's very hard, but the women and the nurses around here are not afraid to sit and cry together or say they're having a hard time and I think that through that love that they have for each other and for families, that great excellent nursing care comes from that.*

Notice that Dolores uses the word "love" to describe the connections among not only co-workers but also for those who seek their care. This, in my estimation, is the beauty of Valleytown. I observed compassionate caring throughout the facility every day. But there was one particular case that captured my heart entirely.

Over a space of two or three weeks, I observed staff as they provided palliative care to woman who was a family member of one of the staff, and a friend of many others. Observing the compassion and caring provided this woman was an experience of moral elevation (Haidt, 2003; Frost, 1999). Though sad and tragic, it was yet a beautiful expression of humanity that resonates deeply with me still, many months later. As staff cared so well for this woman, they also cared for each other. They would occasionally hug each other, and they talked about how difficult it was to see this woman dying, in the process, supporting each other and enabling each other to carry on and give her their very best.

In our conversation, Dolores noted that for many, nursing can be a hard and cold career because one sees so much sadness. Yet, with mutual support and sometimes even love of one another, the staff in the VHCC seem able to co-generate the emotional resources and strength to deal with their own grief and truly and authentically invest themselves in caring with warmth, kindness and generosity.

Note that underlying or accompanying this mutuality of support is the fact that people in this facility know each other very well, not just as people in particular roles, but on a much deeper and more personal level, *as people*. They have also weathered various storms together and seem to have weathered those storms well, and in the process building stronger bonds, and deeper knowledge of, and respect for, one another. As such, they have honed their abilities to read each other very well – they notice fine nuances in posture, gestures, appearance, and affect as signs that something may be amiss. And they intervene in whatever way is appropriate when these changes are detected.

Enacting "Enjoying Each Other"

But life is not always sad in the VHCC; indeed, it is usually much the opposite. The relational landscape is almost always infused with a sense of lightheartedness, buoyancy, and playfulness. On any given day, the hallways and work spaces are inevitably filled with laughter. Jokes circulate through departments – posted on bulletin boards, left on desks, or passed from hand-to-hand:

> *We have jokes circulate through the department.... And that just helps. Like, whatever you're feeling, you start reading those, you have to laugh. And once you start to laugh you just [relax]. [Elise, Support Worker]*

There are frequent celebrations ("Thank-You Thursdays" [managers serve dessert or special treats to staff]; parking lot picnics during Rodeo Week; draws for prizes; Ice Cream Fridays; appreciation-grams; laughter therapy at lunchtime; visits from the Easter Bunny, to name but a few). Pot-luck lunches abound, often with season-relevant themes (Ghoulish Halloween Goodies, for example) in departments fortunate enough to share lunch breaks together. People dress up for Halloween.

They create humorous skits for the residents' tea at Christmas time. Practical jokes abound and the stories about past "good ones" and new ones circulate fervently. In interviews, people described their work environment as "having fun" and "laughing a lot". In short, they give themselves permission to play:

> *You feel good when you're here, right? So that atmosphere, the laughter draws you in so I know that just last week, Terry and I were having problems with cutting and pasting. She had the scissors and was using scotch tape because we couldn't get the computer to print what we needed. So cutting and pasting technology became scissors and scotch tape [laughs]. And we were giggling over our wonderful time that we were having but the people in the [next department] came out with, "What are you giggling about?", and they were laughing at our technical skills also. [Interviewer: It's contagious]. Yes, it's contagious. So if you hear laughter you feel good. It brings you in and so when it, when it's laughter, we share it.... so if it's laughter and it, it's easily shared. The goodness is easily shared. And I think that here we've given ourselves permission to play. ...[A]s a team, we've chosen to laugh at the opportunities that are presented. ...So we have permission to play. [Manager]*

Enacting these two sets of core principles generates strong centripetal forces – that is, forces of communion that bind people together in ways that are mutually affirming and supportive, that honour people for who they are. Through words and actions, VHCC members construct a shared understanding of the meaning and purpose of their work ("what is valuable and worthy of pursuit"), which brings them together in a sense of 'we-ness'. They also construct shared understanding about how they shall work together to accomplish this work – by working together as a team, by seeing each other as equals, by supporting, respecting, and enjoying each other. In short: we care for care seekers by caring for one another. The strong foundation of mutually supportive and other-focused patterns of relating generated by their actions provides both the impetus to continue together in this way, and to forestall or contain degenerative dynamics that threaten the caring nature of the landscape. VHCC members diligently navigate potentially destructive differences and tensions to sustain the caring nature of the relational landscape. I describe the particular collective patterns of relating through which they accomplish this in detail below.

Navigating Differences and Tensions

Thus far, I have painted quite a rosy picture of the VHCC's relational landscape. But, as members were quick to point out, the VHCC has its fair share of problems, just like any other facility. There are conflicts and tensions and relational 'garbage' as well as individuals who simply do not get along. There are cliques, there are politics, and there are frustrations. As one manager said, "*We fight just like anybody else does*". And there are some locales in the VHCC's relational landscape where caring relationships are less abundant and where, instead, there are divisions, conflict, and sometimes even hostility. These are potentially divisive dynamics that, left untended, could lead to destructive 'us-them' dynamics and fragmentation within the facility.

The depth of caring varies from place to place and time to time throughout the relational landscape in Valleytown. Some locales are lush and vibrant with a bounty of caring relationships. Other locales are more impoverished. In some places I was received with coolness, and the usual lively and caring dynamics seemed more subdued and sometimes absent. I also encountered one particularly hot and hostile spot where there were deep and growing rifts between what one member called "scraggleasses" and "superteams" – two different groups with different styles of working.

I suspect some of the tensions I encountered may have stemmed from people being uncomfortable having an observer in their midst. But as I became more deeply embedded in the relational landscape, I grew to believe that at the heart of these situations was people not feeling seen, heard, or appreciated by their co-workers or by their manager. For example, I heard from two or three front line workers that while they felt cared for by their co-workers, they felt unheard and unappreciated by their manager. One front line worker, for example, said:

> *Well, you feel cared for with the other staff, like with the ones that you've worked with for quite some time. You know that they care how you're doing it and... just everyday, everything. [Interviewer: They care about you or how you're doing your job?] Both. Yeah. Absolutely. I find here, though, with management, it's a whole different ball game. Very much so. ...[L]ike [managers] wonder why they don't have anybody at staff meetings. [Interviewer: And why don't they?] Well, why would they? Whatever we suggest, I mean, we used to go to staff meetings for years and if we had a suggestion, and... none of them were stupid. They were just to make it easier for everybody and more... flowing. And, you know, it would never fly and I think the girls just got discouraged. They just, and then if there was a conflict between a family and a staff or something, nobody seemed to stand behind you. You seemed to be out there on your own.*

Another front line worker from a different department commented similarly:

> *I want to be respected and acknowledged properly and I mean like not on a pedestal but I mean just, there has to be a way of good acknowledgment, informal, by supervisors, managers, and actually I think the co-workers are pretty good. As a team, you, you know what you value from each person, what you get. It's your superiors that, you know, you could go, "Oh, you're [great]. Thank-you". No one says "Thank-you". It's just small words, 'thank-you', you know. And we're not asking for a DVD player or a gas barbecue, we're looking for that acknowledgment and knowing that it's sincere, sincerely given, you know. You don't just do it once a year and hand out a photocopied certificate saying "Here's employee of the bla, bla, bla".*

These expressions of feeling unappreciated, as were my experiences of not feeling so welcome in certain departments at certain times were the exception rather than the norm. However, their presence indicates the fragility of the caring relational landscape and the vigilance and responsiveness that is required to sustain its caring nature over time. The focus of this section is on how VHCC members jointly navigate differences and tensions such that the caring nature of the landscape is protected and sustained.

Consciously or unconsciously, VHCC members make efforts to facilitate emotional flows that reinforce the caring nature of the landscape and to contain those that attenuate it. Several VHCC members spoke of the detrimental effects of negativity on the work environment – it drains or drags down individuals and entire work groups. In this vein, many people talked about how both positive and negative emotions were highly contagious. "*One bad apple can spoil the lot with her negativity*", one person told me. Elaine and Alison, two front-line workers, told me how much they loved their jobs and coming to work. Their enthusiasm is obvious. They noted, however, that the opposite can occur, and negativity can spread, ultimately affecting one's attitude toward working:

> *If you come in with a positive attitude and you're happy to be here and you just look forward to your day, I think that really affects your positive energy, really affects everyone around you. If you're always a downer and a negative, it's going to make the whole place negative...and we have had that in our department – somebody who's negative and didn't like how things are running and it puts a damper on and you get up in the morning and go, "Oh God, do I have to go to work today?".*

Having experienced this negativity first-hand, they strive to keep things positive in their work environment. In this regard, enacting the principles of "respecting each other" and "supporting each other" has a protective effect. People tolerate differences, assume the best of others, and so on, and spirals of interaction remain generative and energizing. But, inevitably, as in any other organization, personality conflicts and misunderstandings occur; differences of opinion cause rifts, as do differences in working styles and priorities, and people intentionally or unintentionally hurt others. The data revealed collective patterns of relating through which members contain degenerative spirals of interaction that threaten the caring nature of the relational landscape: de-limiting caring, vigilant monitoring and early intervention, fighting respectfully, and navigating dialectical tensions. I describe these in detail below.

De-Limiting Caring

Sustaining the caring nature of the relational landscape requires ongoing calibrations of movements toward and away from one another. Sometimes this means deciding when *not* to care for a co-worker, especially when this co-worker becomes excessively "whiny" about her personal life. While most people agreed it is impossible to separate one's personal life from one's work life, there seemed to be an unspoken rule about knowing when it is acceptable to discuss personal issues, and when to "suck it up" – to keep one's issues to oneself and get on with the work. The rule reads something like this: It is perfectly okay to discuss personal issues at work, so long as these discussions do not become negative and ongoing chronic sagas of misery, and so long as they don't interfere with serving care seekers. Ongoing, self-obsessed whining tends to drag everyone down and create unwanted negativity within the work environment. One direct caregiver, for example, mentioned how some of her co-workers bring their personal difficulties to work and spread their misery, something she found deeply unsettling:

> *You don't realize the stress the other girls put you in. You know, we get lots of single women that work here and they've got some baggage. And you hear little bits of it over the course of the year. And that's the stress, you know. And then [other girls] will be unhappy for some reason. And that reflects on you. [Interviewer: What's stressful about these people telling or having these problems?] It just weights you down. And you don't realize it. [Interviewer: So you take on their burdens?] Well, no you don't really take on their burdens but it's that kind of negativity going on all the time that brings you down. I used to always say, "Come to work to have fun" and if that meant telling jokes or goofing off...so make the very best. I can remember coming to work and just having a*

> *riot. And you go home feeling good. Now there's lots of times you're walking away and you think, "Oh I can't wait to get out of here".*

Two managers offered their views on bringing personal baggage to work:

> *If indeed you're crabby today, you may be asked, "What's going on?". Because I will ask, "You don't seem the same today. What's happening? Is there something I can help you with?" Because that isn't allowed because clients are first and it's not that I don't allow it. It's that together we can't. [Manager]*
>
> *I don't like people to bring their problems to work and wear it on their sleeve all day. But we're allowed to once in a while. If you lose a grandmother or a parent or something, we try to be sympathetic to them as we would our [care seekers] and when a family loses a loved one, we hug them and we cry with them. So when your co-worker's, something big happens in their life, we do, but the odd time you get an employee that comes and "Oh, my car broke down and my tooth broke off", and "I'm late for this" and "I was at a party last night and I'm not"... Don't go there with me. Do you know what I'm saying? It seems like it's always that certain personality. It's always, they come in just in a tizzy and their whole life is spinning around because they're sort of centred, centralized on themselves, rather than looking around and not worrying about yourself..... If they're complaining... we say, "I don't have time to talk about this right now. Is this affecting your work?" [Manager]*

Others, however, said that within limits, it is *necessary* to be able to talk personal issues over with valued co-workers. I was talking about this one day with a support worker and I asked her if she thought that people should leave their personal baggage at the door. This was her response:

> *[Talking about family/personal issues at work] doesn't take away from the work. I can see to a certain extent if it was constant in that you came to work just to [do that] and you didn't do your work. But, it's all part of who you are, what makes you the person you are, you know, it's all connected. I don't see how it can be separated. It's all just one...It makes you an individual and you know, everybody's an individual. I don't think I could work in a place like that, you come to work, you leave your personal life at the door because then that affects you. Like if something's going on at home that's upsetting you, it affects you, but a lot of the time if you can talk to someone and vent, then you're fine and you can get on with your work whereas, if you're not venting, you're just sitting there stewing, and how much work are you accomplishing? And if you're accomplishing anything, what's the value of it? You know, is it just a half-assed*

> *job because you're not focused on it because you're thinking of something else but you can't say anything? That just doesn't make sense.*

From her perspective, and others, it is important to be able to come to work and talk out personal issues that will interfere with work. It may only take a short conversation with a co-worker to get a new perspective or feel some sense of comfort, and once this is accomplished, people can focus more clearly on their work.

When whining becomes excessive, however, people in some work units at least, find ways to help them realize they've gone overboard, as this person described:

> *I've been at other jobs when you feel tired and run down and you just drag your butt and you bitch all day, and here you just, everybody comes in and we're all in the same mood. Nobody slept because of the big hail storm and we're all tired and cranky, but we joke a lot anyway and the work still gets done.... It's like, come on, get off your ass, let's go do it.... Everybody whines and if somebody whines excessively, the rest of us pounce on them and say, "RRR"... There are some that can get going and going and going and you can just kind of see it, but everybody just kind of rolls their eyes [and does their work] and by the next break it's "Yeah, whatever". Sometimes it takes a couple of days. But usually by the next break they realize, "Hmmm. Apparently I'm whining a little bit too much". But we all take turns at that, so we're all very forgiving.*

We see then that there are skillful movements toward and away from one another. When people are in need of caring and support – when they've suffered a loss or are experiencing something difficult, VHCC members are there to support them. However, if a judgment is made that this is merely self-centredness, efforts are made to subtly (and sometimes not too subtly) shut them down. Knowing how to respond requires intimate knowledge of the other – her home situation, her personal qualities and ways of dealing with challenges; it requires attunement and responsiveness, and it requires skill to shut down negative behaviors in ways that nevertheless still honour the offender. Indeed, several people mentioned their lack of skill in, and discomfort with, managing conflict.

Others, however, seemed masterful in this regard, vigilantly monitoring the relational landscape and intervening quickly when degenerative dynamics surfaced, as I describe below.

Vigilantly Monitoring the Relational Landscape and Containing Degenerative Dynamics

Formal and informal leaders in the VHCC vigilantly monitor the relational landscape. They are highly attuned to subtle shifts in its emotional tone or in patterns of interacting. Some managers were particularly skilled in this regard. When I asked one such manager how she knew when something was wrong she said:

> *I just know. I know it by what isn't said. I know it by, I sit here and I hear conversations all the time. And [staff] always think I can't hear them. And I can tell by those conversations whether there's a change and whether there's a tone that's different or whether there's a sense that I can tell by my communication book whether it's negative feedback for one another or whether it's just stated as 'this is a problem for us', and I really watch those kinds of things all the time and really pay attention to it. And if it's a general issue, I have a staff meeting and say, "You know what, I don't like what I'm seeing... or hearing... What's going on?". And maybe I don't get an answer, but I get people thinking about what they're doing or how they're reacting or whatever.*

She went on to explain that she can feel "the vibe" when things are good – that the landscape feels relaxed and people talk easily. Issues might surface, but they are raised merely as problems that need solving rather than something to which blame must be attributed. But if something is wrong, there's an entirely different sense. When things go awry, then people give negative responses to comments and questions. And those who tend to respond negatively pipe up while those who tend to be more positive go quiet.

Responses to problems are also quick, as the manager quoted above indicates. Another manager spoke of dealing with things right away so they don't fester:

> *I try and observe people and their behavior and deal with it right then because sometimes things that aren't dealt with fester and fester and fester and will become huge and blown way out of proportion because, well, you know, "Nobody cares about me", you know. People have their bad days, so I try to deal with things as they go... If there's something that needs dealing with, I deal with it right away. I don't wait for two years when I get around to performance appraisals for that.*

And yet, this vigilance is neither smothering nor is it oppressive surveillance. No one stands over peoples' shoulders and watches their every move. It is more a combination of knowing people really well, being attuned, and responding respectfully to whatever transpires.

In dealing with potentially degenerative situations, these skilled managers strive for transparency by sharing with staff whatever information they have about the issue. Often, if there is a dispute with another department, managers will provide contextual information about the broader situation. Further, they involve staff in problem-solving, and they encourage staff to understand situations from the perspective of other people. They also use their knowledge of what is going on throughout the facility and their intuition to decide when is a good time to tackle an issue, and when to wait for better timing. Doreen, the Nutrition and Food Services manager described her approach:

> *I think for me, one of the most important things that I always do is I always say to staff, "I support you, and we'll try and resolve it, we can't make it a bigger issue. We need to figure out why and we need to understand where other people are coming from and put yourself in their shoes. So, yes it maybe doesn't work out well for us to do whatever, serve breakfast earlier or whatever it might be. But, put yourself in their position." So I think, I think I try and get staff always looking from that perspective. That there's more perspectives than our own. We have to also consider what does this do to environmental services if we do this or that, you know, or nursing or whatever. I think I probably have very good intuition, and that probably guides me as much as anything else. In a lot of the situations. There's times it's time to make it an issue, and there's times it's simply not. And I think that's true within our own department, but I think that's also true in the bigger picture and I think you, maybe that stems from we've all been here a long time so we read each other fairly well. And you think, "You*

> *know what, this is a huge issue right now, but they've already got enough and you're not going to get it resolved by making it a big deal right now". So I think you become very aware of everybody else's situation but I don't just do that. I talk to staff about that, and I think that's the difference. So I think we always make the effort to say to them, "You know, they're important too", or, "This is a big deal for them right now, support it", and if you do that then I think you tend to get people having a greater appreciation for them when they're having a bad time.*

These efforts to help people understand the bigger picture, to see situations from the perspectives of other players, and to model consideration for others rather than asserting one's needs over another's are instrumental in maintaining a harmonious environment. We see here not a power play where one department sees its' needs as most important, but rather a consideration of the *interdependence* of each department in meeting the needs of care seekers.

There was evidence that this proactive monitoring and early intervention wasn't always consistent from manager to manager, however. One member who was feeling somewhat disenfranchised by her manager, for example, and responded to my question about how "relational garbage" is managed in this way:

> *Sometimes the garbage isn't handled very well. Just like garbage is, and sometimes it just gets put in the corner for a while. And festers. Sometimes it blows away. Sometimes it gets bigger. ..It's not very nice when it gets bigger. Because we've let it go. We haven't paid attention to it and its' blown out of proportion, and, something that could have been maybe extinguished could have been taken care of, and that's a learning process for staff and for the managers. It's a two way street. We have to communicate to them and a lot of that sometimes is trust. And if you, and if you fear and you don't have trust in your manager. You're a subordinate, you feel that they hold some authority over you, then it makes it quite uneasy. You just tend to let it go and let it work over you. Sooner than make a wave... the festering, the longer you let it sit there. And you're only making it uncomfortable and it becomes worse for the ones who come after you because it's been left sitting there and then someone has the problem of dealing with it. And, they don't know, maybe know the whole history of the garbage. .. They may just know that it's on fire. So I think as staff, we have to learn to communicate effectively, and have that skill and that's something that maybe we need help with at times.*

This monitoring and early intervention was not restricted to formal leaders within the organization; informal leaders also took a proactive stance toward keeping the relational landscape positive and caring in nature. Several people spoke of how they adopt a proactive approach in their day-to-day interactions with co-workers:

> *If I find people are talking about someone else, I try and discourage it as much as I can because I don't like that, you know, I think if you've got a problem, best to deal with the person and sort it out, and you know....I try and discourage that because it does progress.[Patient Care Aid]*

> *[Interviewer: So what would you do then if there's a tension or an issue or something that you're not.] Well, I try to address it. I know there was one this morning and I didn't know why this person was just a bit cold and stand-offish, so I've known her for a long time so I just approached her and I said, "You know, is there something I did? Are you okay today?". And she said, "I'm so tired today, I can hardly be here." Figured it for me. Yeah, and from there, I understood it. [Registered Nurse]*

Others described how they tactfully intervened when a co-worker was displaying a lack of regard for others, or when interpersonal tensions between co-workers began to affect other co-workers and patient/resident care. In these cases, the general approach was to tactfully remind co-workers of the impact of their behaviour on others.

Fighting Respectfully

Central to creating and sustaining caring interactions and relationships is not the ability to eliminate, but rather to successfully navigate, the inevitable issues and conflicts that surface in the processes of every day relating as members carry out their work. Ongoing enactment of core principles which generate strong forces of communion and caring, combined with a high degree of relational competence and strongly shared meaning of the work enable these people to work through issues and carry on without grudges:

> *We can agree to disagree, because I think we disagree a lot. And I think we often have a very different perspective, each of us, but I think the difference is, we can sit down and either say, "Okay, you win this time. Next time, you know, we hope it might lean my way, or we can come to a compromise"... And I think it isn't at all... that we all agree. I really think it's that we're able to say, "Okay, well, yeah, that makes sense, I can accept that", and then hopefully then and I think we do see it kind of go around that way...I think we've always had the ability to talk, and take an issue to the other person, whoever that person is, and say, "Okay, you know", we're open, I think we are very honest about it, if it's you know, either way, positive or negative. And so I think that makes us able then to, instead of carrying on with grudges, we carry on with an open perspective for the next time. And I think that makes a huge difference. [Manager]*

Another leader within the facility noted that a strong faith in the good intentions of the other (i.e. assuming the best of the other, as described above) plays a critical role in managing differences of opinions about the best way to proceed in various circumstances: For example, Margo, a direct caregiver, talked about the respect people have for one another, even as they disagree:

> *What's that old saying about democracy... I may disagree with your issue to the grave but I will give my life to defend your right to express that idea... you know and I think that's kind of the same thing here. People will have differences with each other here but I think at the bottom of it, everyone believes in the ultimate honesty of the other person. Like, even if you disagree with her idea, you, "OK, I accept that what you are saying you think is really right, I know you're not trying to screw me for territorial gain or something and OK, I'll try and see it from your point of view. I really don't agree with you but I respect you enough because I know you're a good person. I know what you really think you're doing is right here and I'm going to try and persuade you otherwise, you know, and I know you'll hear my point of view". And I think for the most part, to me, that's maybe what it comes down to, in thinking of things that have happened in the past where there have been issues. You know, people basically believe in the honesty of the person they're dealing with, you know that they're being intellectually honest with them.*

Believing in the honesty of others is a form of trust that people are operating in alignment with the VHCC's principles of serving – that their intentions are honourable – which in turn thwarts suspicion and attribution of self-serving or competitive motives. Further, in a relationally responsive way, demonstrating one's belief in the honesty and integrity of the other generates a reciprocal response. If Margo demonstrates a belief that I am honest, I have a greater tendency to have a similar belief about her. In this way, a spirit of inclusion, 'we-ness', and community is enabled, while divisive 'us-them' dynamics are constrained. Resolution of issues may not be mutually satisfying in each instance, but people respect and trust each other well enough here that there is a confidence that if one compromises on an issue today, that next time, "things might swing my way". Over time, this seems to work out to a balance that members find satisfactory.

A shared focus on serving care seekers also facilitates amicable dispute resolution. Managers told me that if staff are focused on serving care seekers, they are most often willing to give up their issue:

> *If your staff are here for the right reason and they're in the right role, if they can always keep their focus on the resident, they're much more willing to give up whatever their issue is and not make it a bigger issue…and I think probably all of us as managers are quick to remind people why we're here and …when there is dissension or something that is causing grief, I think we're quick to say, "Okay, backtrack and think, "the resident is why we're here". How can we do this or change this or provide this so that's still the focus? [Manager]*

> *If there's an issue, and staff are disagreeing about something, then I say, "Okay, both of you go into the place of the resident. What would you like? You're now sitting there. What would you like done?". And they say, "Oh yeah, I suppose that would be best, wouldn't it". [Manager]*

Navigating Dialectical Tensions

In this section, my focus is on how VHCC members navigate more pervasive and complex issues, dialectical tensions, in their everyday working and relating. By "dialectical tensions", I mean the ongoing and dynamic interplay of contradictions or opposites – forces that are incompatible and negate one another (Baxter & Montgomery, 1996). There is no predetermined set of dialectical tensions that characterize human relating, particularly in organizational settings, but at the heart of most, if not all, are forces that unite people (centripetal forces) and separate them (centrifugal forces). Baxter (1988: 259), for example describes the simultaneously opposing forces of autonomy and connection in relationships:

> No relationship can exist by definition unless the parties sacrifice some individual autonomy. However, too much connection paradoxically destroys the relationship because the individual identities become lost…Simultaneously, an individual's autonomy can be conceptualized only in terms of separation from others. But too much autonomy paradoxically destroys an individual's identity because connections with others are the 'stuff' of which identity is made.

We can extrapolate this tension to the organizational level. Indeed, a central dynamic within the relational landscape is navigating perpetual tensions between communion and individuality. Within the VHCC's relational landscape, successful perpetuation of the caring nature of the relational landscape does not mean denying centrifugal forces, but rather finding the appropriate balance so that a sense of communion or 'we-ness' is achieved, but that individual identities and unique differences (among individuals, and among work units) are not lost. The Site Leader indicated that VHCC members have, over the years, successfully navigated this tension such that there is a "we", but no "us and them":

> *In many places there is an "us" and a "them" – management and staff – and as long as this division is in place, then each side refuses to let the other 'win'. So consequently, there are divisions and rifts between staff and management. But in Valleytown, there is openness and a 'we', but no 'us and them'.*

Communion is necessary for accomplishment of the work, and it indeed is central in constructing a caring relational landscape, as the data I have presented thus far indicates. But at the same time, communion is weakened when individual identities and differences are not embraced. As such, there is a continual tension between communion and individuality that requires careful and ongoing tending. Successful navigation generates positive energy and emotions that enliven the relational landscape but an overemphasis on similarity and conformity stifles this life. In this section, I present a case of a tension that, during my field work was on track in terms of moving toward successful navigation.

I describe this scenario in detail because it offers insight into how tensions are jointly and respectfully navigated in the VHCC. In this case, the tension was between finding a way to simultaneously nurture the independence and well-being of residents while also accommodating the needs of staff in various departments. As much as the goal is to create a home-like environment, the facility is, nevertheless, a facility which requires routines and schedules and has limited resources to enact create the 'ideal' of flexibility, independence and self-determination for residents. I describe the navigation process in narrative form, based on my observations and interviews with involved parties.

> *During a Facility Leadership Team meeting, Doreen, the manager of Nutrition and Food Services (NFS) raised a concern that many residents were having coffee in the staff cafeteria at lunch time and in the afternoon. Most of these residents required assistance of staff to get their coffee and carry it to tables, and so on; some were quite demanding. Her concern, as I understood it during the meeting, was that her staff do not always have time to stop what they are doing and serve the residents. Indeed, given my first-hand experience of the hectic pace in the kitchen, I understood her dilemma. Yes, serving the residents is paramount, but so*

is getting the work done so meals can be prepared and served throughout the facility – a tricky, and as it turned out, highly sensitive issue to navigate.

In the meeting, the Site Leader [Diane] backed her up, saying the NFS staff had been accommodating but they just couldn't keep up with the demands of the residents. She further outlined some basic principles: client safety (removing residents in event of a fire would be very difficult); cafeteria staff and other staff on their breaks in the cafeteria are not waitresses; space is an issue, particularly at meal times; and residents have their own dining areas. While Doreen had suggested there be set and limited times for residents to come down and be served by cafeteria staff, this was not an acceptable solution for Diane, whose priority was to give residents the power to choose when they would come. This difference of opinion resulted in the decision that if residents wanted to come down for coffee, they needed to be accompanied by staff or a volunteer, in effect disrupting the routines of other staff in other departments, particularly recreation therapy. During the meeting, a decision was made to have a small group look further into the issue.

Soon after the meeting, I began to hear comments about this issue from multiple locations within the facility. The gist of these comments were negative judgments of the kitchen staff and manager – that they were putting their own needs ahead of residents' needs, in essence violating a foundational principle of organizing in this facility. To people outside the NFS department, it appeared as if they'd 'copped out' of their responsibility to serve residents, and dumped it onto other departments. This created a stir throughout the facility, impacting residents, the volunteer department, the recreation therapy department, the nursing department, and of course, the NFS department. Petty differences from past issues (apparently not fully resolved) re-surfaced and 'us-them' dynamics began to transpire. The potential for degeneration of the caring nature of the relational landscape was high.

At this point in the fieldwork, I was conducting interviews with staff and managers, and I probed this issue more deeply to understand how this tension was being navigated. At that point, from Doreen's perspective, the issue was difficult, it hadn't yet been resolved, but she was optimistic that it would, eventually, be. In the meantime, however, she was feeling that her staff and the residents were the losers in the situation:

> *"That was a real hard one for us, and probably this is one of those situations that I don't think is going to be resolved as positively as what I would like. Because it really came out as though we didn't want to serve people. And that wasn't it at all. We didn't ask that we not serve people – that was the recommendation. And so my staff are feeling that this time, they're not supported [by the rest of the facility]...and unfortunately in this situation, I see the residents as losers and I see my staff as the losers because I've had many people say to me, "You're not willing anymore".*

> *Well that was not ever an issue....[But] I guess I wouldn't say that it's not possible that it will be resolved. I don't know that you ever just say, "Well, that's the way it's going to be", you just keeping thinking, "Well, what do we need to do next?". Or "How do we get to the next step?". When [it settles down here], then we can get back to "Okay, what's best for here", and I will probably do nothing until I think that time has come...At some point, you hope, they will come to an understanding of why you are coming the way you're coming at it."*

She talked also about how she would talk about ongoing resolution of this issue with her staff:

> *"I think you just say, "Okay, we know this is sensitive right now, we need to give it some thought, everybody needs to look at it and say, "What's the best solution?". And I think there again, you go back to staff and say, "You know, this isn't resolved exactly the way we want it to", but also I wouldn't go back to them and say, "Oh, we're never going to get this resolved, it's all going to be put back"... and I would not do that, and I think it kind of goes back to the same thing where there's a respect for each of us as managers that we would also go back to our staff in support of one another of the managers...."We're working on this and we're trying to resolve it".... So I think you...try and keep it harmonious because you know if it isn't harmony, if I go back to them negative, that spreads. So my perspective makes a huge difference on any issue. If I go out [to staff] and say, "You know, we'll never do this...there's no way this is ever going to work", that's exactly what they start thinking. So, if you say, "Well, we've gotta keep thinking". And I usually say to them, "Come up with ideas and we'll try and, I'll take them to somebody else."... [Interviewer: Which they probably appreciate, too, to know they're part of it.] And they do. Well, and then they start to think and they start to talk about it and I think then they feel part of the solution. But they don't go back and blame, like they don't go, "I'm not working with them in [that department] because", whatever, you know, and I think that makes the difference."*

When I spoke with Diane, the Site Leader, about the situation, she recounted her meeting with the Resident Council, recreation therapy staff and the volunteer coordinator the previous day, indicating they'd sorted out what the key issues were ("Safety, number one, and space") and did some problem-solving regarding possible solutions that would meet their needs and the needs of staff:

> *"So I was able to explain things and I was able to listen and I was able to say, how do you want this solved? Not how do I want to solve this, but how do you want to solve it? ...Then I'd say, "somebody suggested such and such, do you think that might work?"....And so recreation staff would*

> *listen to that...and they saw the principles at work. So when you see and you understand and you are involved in the process..[it helps]."*

She did, however, admit to some challenges she was facing:

> *"Doreen was not happy with me in changing the parameters. So, I've had residents unhappy with me. I've had Doreen unhappy with me. You know, I've had questions coming from all level of staff, "Why are you doing that? I thought the resident was number one."...And so it really is clearly understanding the issue."*

She indicated that some possible solutions had been determined – for one, that the Volunteer Coordinator was looking for volunteers to be present in the cafeteria in afternoons specifically to assist residents. Of utmost concern for Diane was that residents were given the freedom to decide when they wanted to go for coffee; rather than having the facility dictate particular times when the service would be available to them: "It needs to be their decision. That's wellness". Diane was concerned, like Doreen, that it was going to take some time to resolve this issue, and should it not be resolved that then she needed to be reprimanded for not doing her job:

> *"Let's say this issue continues to fester and this issue doesn't stop. It means we haven't resolved it from a client point of view. I need to be reprimanded. I need to be called on the carpet. And they're not afraid to do that to me, either. You know, they need to be able to say to me, Diane, this isn't working. You have not addressed this. This is not right. And we believe this is really important."*

This scenario reveals how potentially divisive forces that threaten the caring nature of the relational landscape are forestalled. This conflict came to a head when a central principle of organizing in the VHCC - serving care seekers - was interpreted by some VHCC members as being violated. This apparent violation, however, occurred because it was in opposition to ensuring the work of the organization is accomplished. While the Site Leader and NFS manager agreed there was a problem, they differed in their proposed solutions. Others misinterpreted the motives of NFS staff as shirking their responsibility to serve the residents, which was not the case at all. They wanted to find a way to simultaneously serve residents *and* carry out their duties.

Yet, this situation did not degenerate into personal vendettas and turf wars as it may have in other facilities. Shored by the moral grounding of 'serving' and 'treating each other well', augmented by a long history of working together, both managers adopted a proactive stance to navigating the tension. The Site Leader resorted to basic principles – resident safety is number one; the current situation put resident safety at risk. In the event of a fire, it may be impossible to evacuate residents from the cafeteria, given the physical layout of the building and the fact that there may not be enough staff in the cafeteria to provide assistance. Second, fostering independence and giving residents the freedom to choose enabled some solutions and constrained others – having a volunteer available for the entire afternoon rather than for a set period of time established by the facility, for example.

Both the Site Leader and the NFS manager maintained respectful and constructive relationships with one another. While some errors in communication may have occurred, the broader focus was on navigating the issue so that both care seeker needs and caregiver needs were addressed. Doreen, the NFS manager, stalled a potentially degenerative spiral of interactions between her staff and staff in other departments by presenting a positive face to the issue: that it hadn't been resolved yet, but that all involved parties were still seeking a solution that would work for everyone. Both managers invited participation of involved staff and residents in solving the issue. While disagreeing on how things might best be handled, Doreen maintained a harmonious approach – modeling respect for Diane and other managers, presenting a positive face to the issue, and remaining optimistic that opportunities would present themselves to further navigate the tension in matter that would be satisfactory to all.

In this vignette, we see a high level of relational competence, a focus on foundational principles, participatory involvement of affected parties, and an overall focus on adopting a positive and optimistic approach to navigating the tension. At the time I exited the facility, this tension had not been navigated to everyone's satisfaction, but there was nevertheless a hopeful expectation that in time, this would indeed occur.

In this section, I have outlined four collective patterns of relating associated with navigating differences and tensions. These patterns of relating play a different, yet significant role in perpetuating the caring nature of the VHCC's relational landscape. While enacting core principles serves as a strong creative force in fundamentally shaping members' shared understandings about the significance of their work and the sense of community created in accomplishing the work together, navigating differences and tensions is more of a stabilizing force. The primary focus in this process is containing degenerative spirals of interactions and dynamics which threaten the caring nature of the relational landscape.

Discussion

The caring relational landscape in the VHCC is not a static entity; rather, it is dynamic, continually in flux and under construction by its members through joint action. This joint action is both rare and difficult to sustain. Indeed, Kahn's (2005, 2001, 1998, 1993) work has shown the many challenges caregiving organizations face – burned out caregivers who withdraw from their co-workers and those they serve; organizational departments at odds with one another; managers disconnected from staff; staff disconnected from each other. These are the disconnects that Dutton and Heaphy (2003) say cause a little death in each encounter. These are also the disconnects that cause fragmentation, system break down, and inability of caregiving organizations to care for care seekers or their staff. Indeed, the VHCC, embedded in a health system that often rewards efficiency at the expense of caring and generosity, faces such challenges each day. Many forces within the VHCC's broader environment serve as potential threats to its cohesive and caring relational landscape. For example, the fact that each department head or manager reports to a regional manager outside of the facility is one potential source of discord within the facility. In addition, managers have become so overloaded with work that they are less available to staff and have less time to vigilantly monitor the relational landscape and contain degenerative dynamics. Further, minimal staffing ratios stretch people to the maximum, putting strain on relationships. Where the potential for people to feel un-appreciated and un-recognized rests, so does the potential for decay of the caring nature of the relational landscape. Once decay begins, power games, politics, rivalries, competition, impatience, fear, and other dynamics of this ilk make 'us-them' divisions the norm and significantly attenuate members' capacity to genuinely care for one another, let alone care seekers.

Yet, VHCC members manage to keep it together – to construct and maintain a shared sense of communion and 'we-ness' that transcends hierarchical, departmental and disciplinary boundaries, and as such, creating a nurturing environment in which caring relationships flourish and in turn produce well-being in abundance. I have called this nurturing environment a caring relational landscape - a dynamic matrix of mutually affirming and supportive patterns of relating characterized by a genuine concern for the well-being of others. Every organization has a relational landscape – a dynamic matrix of patterns of relating - but not every organization has a *caring* relational landscape which is characterized by members focused on the *well-being of others.* My efforts in this chapter have been to demonstrate how this "caring nature" – this extension of one's interest and focus toward others - is jointly accomplished by VHCC members. In our world which so glorifies rugged, self-interested individualism, creating and sustaining an entire matrix of patterns of relating oriented toward the well-being of others is an extraordinary accomplishment. In this final section, I want to expand upon the findings presented in this chapter to further develop an understanding of how this focus on others, and its associated sense of communion and we-ness throughout the entire facility is accomplished. I discuss here four related ideas: the alchemical effects of caring; enacting core principles as a process of co-authoring a focus on 'the other'; balancing communion and individuality; and the crucial role of leaders in fostering an orientation toward 'the other'.

The Alchemical Effects of Caring

At the most foundational level, caring for others is intrinsically energizing and rewarding, and as such, enacting a genuine concern for the well-being of others is essentially a self-reinforcing dynamic. To illustrate this, I draw from some of the data presented in Chapter Four. Recall that members' articulations of well-being included enjoyment of their relationships with work colleagues. Consider for example, the remarks, *"I just want to come [to work]...I want to see everybody, you know – what's happening on the floor? What's happening in your life?"; "I put a high value on my friends and relationships...they make me come to work and feel good. They make me feel* *positive"; "It's mainly the camaraderie between everybody...it makes you feel that people are interested in you, in your life and what's happening to you, and then you take an interest in everybody else's too"*; and, *"I came for the money...but now it's the camaraderie"*. In short, they enjoyed being with their co-workers and they wanted to continue on in these relationships.

People also spoke at length about how caring for care seekers contributed to their well-being. Feeling that one makes a difference in others lives creates, for some at least, feelings of joy, even of feeling "a little high", as described in this quote: *"Some days you go home feeling really good because somebody who hasn't responded or done anything and... holy moly this person really responded to me today! And you almost get a little high from that, you know."*

These remarks resonate with Miller and Stiver's (1997: 30) observations that mutuality with others creates "zest, action, knowledge, worth, and a desire for more connection". Of particular interest here is the notion of "zest", which Miller and Stiver equate with an increase in feelings of aliveness, vitality and energy. This feeling of zest occurs when people connect emotionally and when each feels supported or augmented by the other. In other words, caring for others has energizing effects which in turn, create the desire for ongoing connections with others. In similar fashion, Mongtomery (1993: 99-100), speaks of the "alchemical effects of caring", an energizing effect on caregivers that creates meaning, and reinforces commitment and self esteem:

> A successful experience of caring is self-reinforcing and energizing. Caring makes caregivers want to care more. These alchemical qualities create an energizing, pleasurable feeling that is described as a 'high'. This surge of energy motivates caregivers to go out of their way to create more opportunities to get involved.

And Noddings (2003: 132) writes about the receptive joy that often accompanies realization of our relatedness with others. Such joy is the "special affect that arises out of the receptivity of caring, and it represents a major reward for the caregiver". Receptive joy is characterized by a sense of being connected and in tune or harmony with others. It is a curious, energizing blend of excitement and serenity – or what others might call vitality (Ryan & Frederick, 1997). In virtuous spirals of interaction, the joy arising from caring enhances the will to remain in caring relationships with others - to remain in contact with that which brings us joy.

We see then that caring for others – being focused outward toward the well-being of others – has energizing effects for the caregiver. In other words, dyadic patterns of relating characterized by mutual affirmation and caring are *self-reinforcing*. That is, the joyfulness and zest generated in mutually affirming interactions and caring relationships encourage people to continue these relationships and to generate others. Further, the energy generated in these dyadic interactions is taken into other relationships, thus spilling into the broader landscape, lending it a sense of buoyancy, vibrancy, warmth, and welcoming. Indeed, I experienced this dynamic almost every day in the VHCC. Being warmly greeted by any number of VHCC members energized me and brightened my day; I carried this energy and these feelings into my interactions with other members. In essence, the joyfulness associated with mutually affirming interactions has a contagious effect. This explains *in part* how the caring, 'other-focused' nature of the relational landscape is perpetuated. But the alchemical effects of caring, while powerful, are insufficient in and of themselves to perpetuate an entire relational landscape characterized by patterns of relating that focus on the well-being of others. Broader dynamics are at work; indeed, these have been my focus in this chapter.

Enacting Core Principles as a Process of Co-Authoring a Focus on "The Other"

As VHCC members enact the core principles of serving and treating people well, they are in essence co-authoring an orientation toward focusing on 'the other'. By co-authoring, I mean that in their day-to-day conversations and interactions, members do not merely describe what exists; rather, they make intelligible formulations of the local and specific circumstances in which they are embedded (Deetz, 2003; Holman & Thorpe, 2003; Shotter & Cunliffe, 2003; Cunliffe, 2002, 2001; Shotter, 1993). They do this through the use of various linguistic or poetic resources (Cunliffe, 2001) – metaphors (*"family", "home"; "team", "community"*); stories (*"How we honoured Donald"; "How staff cared for me when I was having a bad day"*); and comparisons (*"At the other place, nobody said "Good morning", they just started nitpicking...but here, it's really good for relationships."*). The words, metaphors, forms of talk they use, the stories they tell, and the comparisons they make, create images of how people 'should be', and move them to think and act in particular ways. And in acting in particular ways they further author their reality. As Weick (1995: 195) notes, ideas are "real-ized" – that is, as people act out their ideas, they "create their own realities" (1995: 195). Kegan and Lahey (2001: 7) similarly note the forms of speaking that people develop regulate the forms of thinking and meaning-making to which they have access, which in turn shape how people see and act in the world. Too often in organizations, the 'default mode' is the language of complaint, disappointment and criticism which spreads weed-like throughout the organization. This mode of language creates divisions and rifts and discontent. Within the VHCC, however, members employ an alternate, positive language of caring and communion, of being part of a whole and being focused on the purpose of serving care seekers as well as caring for one another. This mode of language powerfully shapes their views of what matters, who they are, and how they order their social relations.

The Site Leader's story of how she helped Care Centre members to re-vision their work from the impossible goal of curing aging and chronic disease to, instead, nurturing well-being, exemplifies the power of words and persuasion to shape members' understandings of the meaning and significance of their work. To Shotter and Cunliffe (2003: 34), she would be a "good manager", given their interpretation:

> A good manager…must continually produce a 'synoptic view' of a whole interrelated melee of particular, concrete events and conditions. From all of the small details, he or she must fashion a dynamic, scenic sense of the circumstances they all share, toward which everyone concerned can orient, and within which they can know their own way about. It is through their invention and with the 'authorial' help of others, that the participants of an organization can conversationally fashion for themselves a shared dynamic relational landscape for action. In so doing, organizational participants can develop themselves into a 'mutually enabling community' in which instead of obstacles to each others' projects, we can come to see each other as resources.

Significantly, VHCC members collectively co-author four fundamental agreements (Deetz , 2003: 123) that are shared throughout the landscape: i.) *who we are* ("We are "the VHCC", a facility that focuses on serving care seekers and the community; we have great pride in our work and our unique work environment"); ii.) *what order there is to our social relations* ("We work together as a team, as a family; we are equals; we treat each other with respect, we support each other; we enjoy each other; and we manage our difficulties before they fester and damage our caring relations with one another. In short, we care for each other."); iii.) *what exists (what is true and worthy of commitment)*; and, iv.) *what is good, right, and worthy of pursuit* ("Caring for care seekers is paramount, as is caring for one another; efficiency can be achieved by placing the care seeker in the centre of our service model and by working together as a team.").

These four agreements are what Shotter (1993: 149) calls a "a network of 'moral positions' or 'commitments' (understood in terms of the rights and duties of the 'players' on that landscape)" that enable some possibilities for action and constrain others. The *caring* relational landscape then, enables certain kinds of actions and constrains others. Most importantly, it encourages people to look outward, beyond their individual concerns and interests, to the well-being of 'the other' – and to be oriented toward the interests of the collective. It gives people permission to care for patients and residents no matter what their role or position in the hierarchy. It also gives permission for people to care for one another and it enables them to cross boundaries and help one another. The caring relational landscape constrains particular actions, too. For example, people are not allowed to let their grumpiness or personal issues affect their work. Divisive 'us-them' dynamics are headed off at the pass. In essence, any activities deemed to threaten the focus on serving residents or on treating each other well – being 'other-focused' - are constrained.

Note how strikingly different the dynamics are in this landscape compared to the 'disappearing' dynamics Fletcher (1998) discovered in her study of an engineering firm where members' views of reality embraced individualism and competition. Enacting core principles then, is a process of co-authoring the VHCC's local reality; it is a primary force through which the caring nature of the relational landscape is created and re-created over time, and how the long legacy of 'caring' for each other continues despite many potential threats.

Balancing Communion and Individuality

Ironically, this continual focus on the other is made possible when people feel their own needs for being seen, heard, recognized, and valued are met. In some way, then, members must find a way to balance their shared sense of communion and 'we-ness' with satisfying the human need to be a unique, valued and agentic individual. The nature of the agreements shared by members of the VHCC bind them together into a cohesive whole. This cohesion characterizes the entire membership – that is, it transcends departments, disciplines and hierarchies, creating a deep sense of communion and 'we-ness'[12]. Yet, there is simultaneously an honouring of different departments and individuals as unique and inherently valuable in and of themselves. That is, a strong element of individuality exists in concert with communion. Here we see the dialectical tension of being both part of a community and being a unique individual. If we succumb entirely to the forces of communion, we become merged with the collective and lose our identity - we become merely a 'number'. Yet without the collective, we lose our identity. It is the dynamic tension between these two opposing poles that enlivens us. As Parker Palmer (1998: 65) notes:

> The poles of paradox are like the poles of a battery: hold them together and they generate the energy of life; pull them apart and the current stops flowing…consider our paradoxical need for both community and solitude. Human beings were made for relationships; without a rich and nourishing network of connections, we wither and die…at the same time, we were made for solitude.

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[12] Admittedly, some locales within the VHCC at some times are less vibrant with caring dynamics, yet there is a strong enough sense of caring dispersed throughout the entire facility that members in these more impoverished locales are still able to draw upon the abundance of other areas.

> Our lives may be rich in relationships, but the human self remains a mystery of enfolded inwardness that no other person can possibly enter or know.

Communion implies a sense of being at one with others, a lack of separations, contact, openness, union, non-contractual cooperation, and a lack of or removal of repression. Agency, or individualism, on the other hand implies self-protection, self-assertion, self-expansion, the formation of separations, isolation, alienation and aloneness, and the urge to master (Bakan, 1966, cited in Jensen & Kolb, 2002). In the VHCC, we see evidence of the simultaneous satisfaction of both poles – the four agreements that they co-author (described above) generate a shared sense of the meaning and significance of the work, and of caring for one another. At the same time, enactment of the principles of "being equal", "respecting each other", and "supporting each other" imply there are processes of recognizing individuals for who they are as unique individuals, as *people* rather than faceless units of the collective. To genuinely care for another is to see, hear, and seek to understand him or her; it is to confirm and recognize the other as fully human (Noddings, 2003). Successfully navigating this tension between communion and individuality enables people to feel connected with others and yet to be recognized as unique and valuable. Feeling seen, heard, recognized and valued satisfies the need for individual recognition and enables people to focus outward – to the well-being of others. This is a crucial dynamic within the VHCC that enables people to simultaneously feel cared-for and able to care for others. This giving and receiving of care creates what we might call a 'comfort zone writ large' – a hospitable space (Jensen & Kolb, 2002) where people feel safe to let their hair down, to allow themselves to be vulnerable so that they can be themselves, be open to others, to learn, to respectfully disagree or fight and challenge one another, and thus, to learn and grow. Most importantly, this hospitable space enables people to be vulnerable such that they can receive the care of others.

The Crucial Role of Leaders in Fostering a Focus on "The Other"

Finally, but certainly not least important, is that formal and informal leaders in the VHCC play a crucial role in orienting members toward a focus on serving care seekers and serving one another – in short, being 'other-focused'. They accomplish this in three ways.

First, they are initiators and role-models in terms of enacting the core principles of serving and treating people well, which are inherently 'other-focused'. These leaders 'walk their talk' with integrity, which earns them the respect of their staff (*"I would follow Sophie to the end of the world. She just inspires you to do a good job…It's empowering.")*. They continually direct members toward serving care seekers with excellence *("Put your mother on the end of that tray. If you wouldn't serve it to her, don't serve it to the residents.")* and treating people well, using these principles in making decisions (*"I think we're quick to say, "Okay, backtrack and think, the resident is why we're here, how can we do this or change this or provide this so that's still the focus'?"*), and in resolving disputes (*"If there's an issue and staff are disagreeing about something, then I say, both of you go into the place of the resident – what would you like?")*. In terms of treating people well, they get to know their staff very well – as *people* rather than merely as resources or a body to fit a particular role. They enact this positive regard for staff by making themselves physically and emotionally available to staff, by inquiring of them (*"You are not yourself today, is something wrong?"),* supporting them and so on - in short by demonstrating all of the caring behaviours outlined by Kahn (1993) as well as those described in Chapter 4. Further, they strive for openness and transparency, freely sharing information, and educating staff regarding changes. They invite staff participation in decision-making and resolving problems and entertain new ideas and complaints alike made by staff. But, significantly, this flow of caregiving is not unidirectional from superior to subordinate as Kahn (1993) depicts; rather, most leaders allow themselves to be vulnerable enough to receive care from their staff and other colleagues. In modeling the giving and receiving of care, they help to build the relational competence of their staff.

Informal leaders act in similar ways. Particularly powerful are long-time VHCC staff who have worked collaboratively for many years, and along the way have developed a high level of relational competence. They are strong role models for newcomers and they act in ways that perpetuate the caring nature of the relational landscape. Consider for example, how new staff who defensively ask for a weekend off are received: "*Sure, and is there anything else we can do for you?*".

Second, leaders in the VHCC emphasize among staff a holistic view of the organization and its work. Rather than protecting the interests of their individual departments, they focus on serving careseekers from an organizational perspective that considers the goals and needs and current circumstances of other departments. They are quick to remind staff to consider the situation and concerns of others. Consider for example, Doreen, the manager of Nutrition and Food Services, who encourages her staff to look at situations or problems from the perspective of other involved parties – to see the bigger picture. In addition, she provides background information that staff may not have - *"So I think you become very aware of everybody else's situation but I... talk to the staff about that... So I think we always make the effort to say to [staff] you know, [the other group/people] are important too, or "this is a big deal for them now, support it", and if you do that then you tend to get people having a greater appreciation for them when they're having a bad time."* This dynamic is crucial in constructing a shared sense of community, cohesion and 'we-ness' throughout the entire facility, an extraordinary achievement, even for this small rural facility.

Finally, formal and informal leaders are figural in monitoring the relational landscape for signs of divisive 'us-them' dynamics, and they intervene quickly when things are 'going south'. Because they know their staff so well, they can intuitively sense when things are going awry, and they intervene quickly to both investigate and remediate these signs of decay.

The findings presented in this chapter are extensive, indicating that creating and sustaining the caring nature of the VHCC's relational landscape is a complex and ongoing process requiring the joint action of all its members. I have described at length dynamics associated with caring, with creating a sense of community and 'we-ness', of enacting the humane principles of 'serving' and 'treating people well', and of navigating differences and tensions such that the caring nature of the relational landscape is sustained. This focus on the 'soft side' of organizing which might seem trivial to some organizational scholars and practitioners alike, powerfully shapes the capacity of the organization to produce well-being among its members and at the same time, to provide exemplary care to patients and residents, and to the community in which the VHCC is embedded. In short, caring matters!

In Chapter 6, I shall briefly review the empirical findings of the study then explore their theoretical and practical implications.

CHAPTER 6. LOOKING BACK ON THE JOURNEY… LOOKING AHEAD…

In this final chapter, I present a brief summary of the study findings. I then surface theoretical and practical implications of the findings and suggest avenues for future inquiry.

Looking Back…Summary of Findings

In this research, I have sought to explore the linkages between well-being and relationships with co-workers and more specifically, to answer the questions: i.) *How do members of a caregiving organization produce well-being in their day-to-day interactions and relationships with one another?;* and, ii.) *How do caregiving organizations support interactions and relationships that produce well-being?* Figure 2 offers a visual representation of the findings, which I briefly summarize here.

The study reveals that to these members of a caregiving organization, well-being is primarily an affective experience based on both global appraisals of one's life (feeling successful and that one is 'doing okay', feeling happy with oneself and one's work, for example), and more specific feelings of being accepted for who one is and making a difference in other peoples' lives. These feelings of well-being are produced dialogically as members relate with one another (and with care seekers) in particular ways: creating a comfort zone, caring for one another, carrying each other, and learning with and from each other. These dyadic patterns of relating typify mutually affirming interactions and caring relationships, the essence of which is the enactment of a genuine concern for the well-being of the other. As members relate with one another in these affirming and caring ways, they produce well-being.

The VHCC exhibits a marked abundance of mutually affirming interactions and caring relationships, which combined, constitute a *caring relational landscape*: a dynamic matrix of mutually affirming and supportive patterns of relating characterized by the enactment of a genuine concern *for the well-being of others*. Important here is that this relational landscape encourages people to focus outward, beyond their own self interests to the concerns of others. In a mutually reinforcing dynamic, this caring relational landscape provides the fertile ground that nurtures interactions and relationships that produce well-being. Thus, the caring relational landscape simultaneously is constituted by, and supports dyadic patterns of relating that produce well-being.

These dyadic patterns of relating, however, are insufficient in and of themselves to sustain the caring nature of the relational landscape which is continually subject to forces of decay. Through processes of joint or collective action[13], VHCC members continually create and sustain the caring nature of the relational landscape. They accomplish this through two sets of collective patterns of relating. The first set, enacting core principles (serving, being equal, working together as a team; and treating people well – respecting, supporting, and enjoying each other) primarily creates the caring nature of the relational landscape. The second set, navigating differences and tensions (delimiting caring, vigilantly monitoring the relational landscape and containing degenerative dynamics, fighting fairly, and navigating dialectical tensions), primarily stabilizes and sustains the landscape by preventing deterioration of its caring nature.

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[13] These are jointly orchestrated actions that transcend the actions of any single individual – much like the joint actions of a soccer team or a jazz ensemble, for example, which produce collective performances irreducible to the actions of any single player.

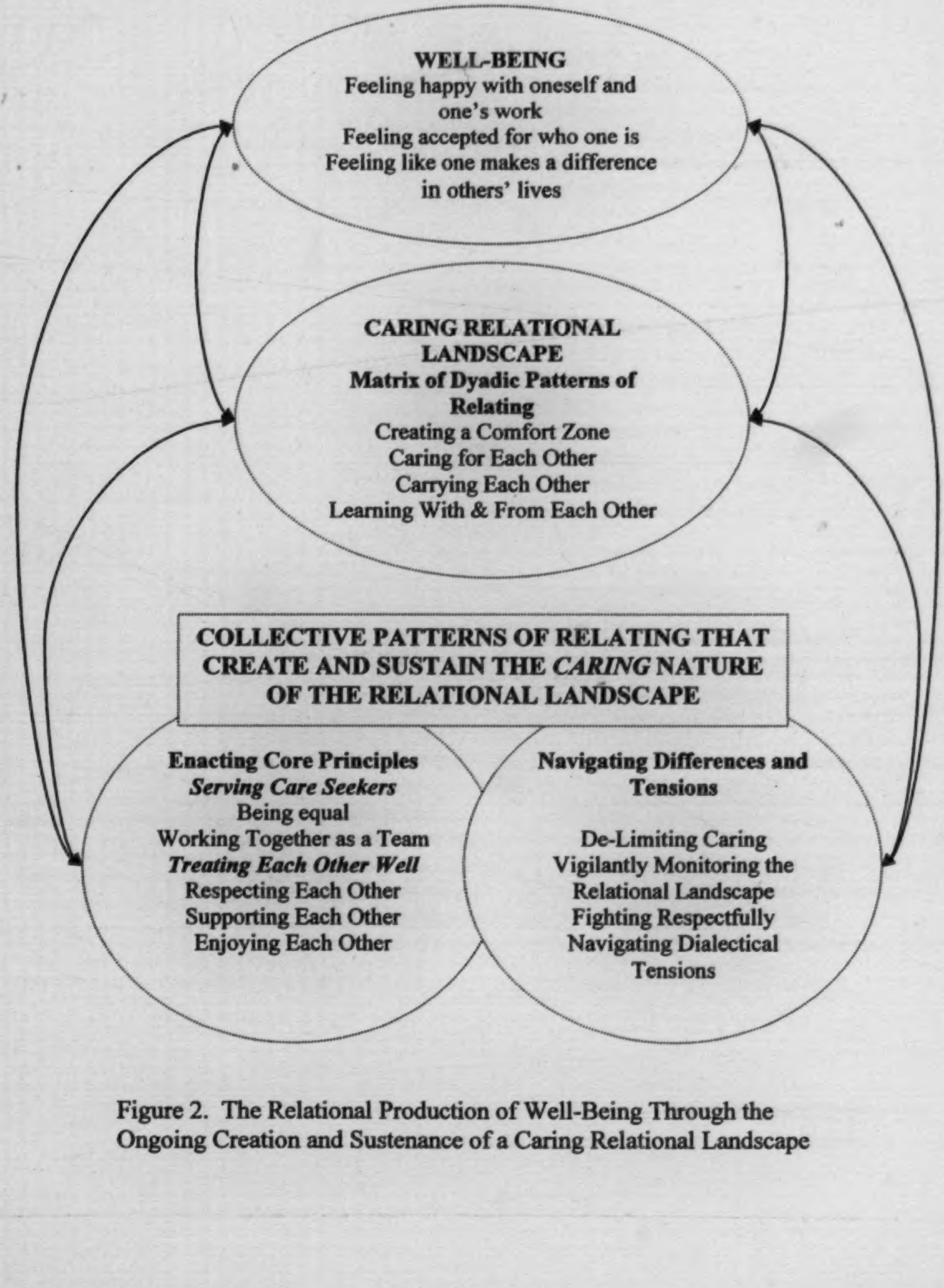
WELL-BEING
Feeling happy with oneself and one's work
Feeling accepted for who one is
Feeling like one makes a difference in others' lives
CARING RELATIONAL LANDSCAPE
Matrix of Dyadic Patterns of Relating
Creating a Comfort Zone
Caring for Each Other
Carrying Each Other
Learning With & From Each Other
COLLECTIVE PATTERNS OF RELATING THAT CREATE AND SUSTAIN THE CARING NATURE OF THE RELATIONAL LANDSCAPE
Enacting Core Principles
Serving Care Seekers
Being equal
Working Together as a Team
Treating Each Other Well
Respecting Each Other
Supporting Each Other
Enjoying Each Other
Navigating Differences and Tensions
De-Limiting Caring
Vigilantly Monitoring the Relational Landscape
Fighting Respectfully
Navigating Dialectical Tensions

Figure 2. The Relational Production of Well-Being Through the Ongoing Creation and Sustenance of a Caring Relational Landscape

A Word About Location

At first glance, those less familiar with rural communities and organizations might be tempted to attribute the VHCC's unique caring relational landscape entirely to the fact that it is embedded in a small, homogeneous community. But such an assumption is flawed in at least two ways. First, to assume that small rural communities are homogeneous is to seriously underplay the subtle (and sometimes not-so-subtle) complexities of rural life. While rural communities may not enjoy the cultural diversity of urban ones, they are nevertheless complex in terms of diverse or competing ideals and agendas, hierarchies of power and status, and even long-standing, deep-seated rifts between groups.

Further, to assume the VHCC's uniqueness is due solely to its embeddedness in a rural community would imply that all other rural hospital and care centres must similarly be 'great places' to work that offer exemplary patient/resident care. Clearly this is not the case. For example, when I was selecting the study site, the VHCC stood out for numerous people as a unique facility among many other rural ones. And during the study, long term care facilities, rural and urban alike, were under government scrutiny due to growing numbers of complaints about the quality of care provided in such facilities. During this same time, the VHCC, in contrast, was visited and celebrated by government officials because of its exemplary service.

My point is that while embeddedness in a rural community is an important contextual factor in this study, it is insufficient to explain the VHCC's positive deviance. Indeed, empirical investigation in the VHCC has yielded several valuable theoretical and practical insights that are conceptually generalizable. I turn now to a discussion of these insights and their implications.

Theoretical and Practical Implications of the Research

At the outset of this scholarly journey, I argued the well-being of organizational members is a humane and intrinsically valuable dimension of organizing processes. I responded to Frost's (1999) plea to consider the dignity and humanity of those we study, and his sentiment that failure to do so impoverishes and distorts our theorizing. Taking Frost's advice to heart in the conduct of this research yielded theoretical insights that have been obscured by more traditional approaches to the study of well-being in organizational settings. Two theoretical insights stand out in particular. The first is a re-conceptualization of the nature of well-being in organizational settings. The second extends current understanding of how positive, or in the case of the VHCC, caring relationships are created and sustained in organizations. I elaborate upon the implications of these findings here and then move to a broader discussion regarding the study of the humane dimensions of organizing.

In my discussion, I also include thoughts about the practical implications of the findings. I fear, however, that the monological format of this document might lend the impression that I am offering prescriptions for practice. This is not my intent. In the spirit of a humane and relational approach to the fostering of well-being in organizations, my preferred approach is to engage people in conversations about how the findings might be appropriately applied in their own contexts. It is my hope then, that readers will consider my musings about the practical implications of the findings not as definitive prescriptions, but rather as starting points for reflection and dialogue about creating and sustaining work environments conducive to the relational production of well-being.

Reconceptualizing "Well-Being"

First, the theoretical insights surfaced in this research provide a foundation for developing a new field of inquiry and theorizing that explicitly focuses on *well-being* and the organizational dynamics through which it is produced (and harmed). In taking seriously calls by other scholars to bring to light the positive, well-being-conducive dimensions of organizational life (Dutton & Heaphy, 2003; Turner, Barling & Zacharatos, 2002; Wright & Wright, 2000; Ryff & Singer, 1998), this research begins to integrate the multiple streams of inquiry that either directly or indirectly embrace well-being as a focus. At the heart of this domain of inquiry would be development of theory that informs ways to *enhance* the well-being of organizational members. Inquiry in this regard would serve the interests of researchers and practitioners alike.

The findings of the research reported herein have three implications for such a line of inquiry. First, is that well-being is a positive phenomenon associated not with the absence or presence of physiological pathology, but rather, with subjective and somewhat philosophical appraisals of what it means to live a good life. The study findings indicate both global appraisals (feeling happy with oneself and one's work) and more specific appraisals (feeling accepted for who one is; feeling like one makes a difference in others' lives) are important dimensions of well-being. The subjective nature of these appraisals requires that we strive to understand well-being from the perspective of organizational members.

Second, the study findings illuminate the advantage of adopting a salutogenic approach – that is of exploring the dynamics through which well-being is *produced and enhanced* – for these dynamics may differ significantly from those which cause disease and disability. Third, the study findings reveal that well-being is produced through *dialogical interaction* with others. As such we need to consider the relational context in which individuals are embedded, and we must strive to understand what transpires *between* people such that well-being is produced. And beyond this, we need to study collective patterns of relating and broader organizational dynamics which shape these dyadic interactions.

Practical Implications of Re-conceptualizing "Well-Being"

The study findings also provide insights that can help foster the creation of work environments that are more conducive to producing and enhancing well-being. First, they invite practitioners to seriously examine what "well-being" means to organizational members. How we conceptualize well-being shapes our actions toward its enhancement. Traditional workplace health promotion programming that emphasizes lifestyle issues and stress management, for example, may completely miss the mark if well-being is understood in terms of feeling accepted for who one is and feeling like one makes a difference in others' lives.

Second, the findings also point us toward understanding well-being in the context of relationships among organizational members, and specifically, how the nature of these relationships influences experiences of well-being. And beyond dyadic relationships, study of the VHCC encourages us to examine the broader organizational context in which these relationships are embedded. What is the nature of the relational landscape? How does the nature of the landscape enable and/or constrain possibilities for the relational production of well-being in this particular setting? What processes and practices give the landscape its character? How might we create possibilities for enhancing the relational landscape such that it nurtures caring relationships and mutually affirming interactions? The relational nature of well-being clearly points to the value of emphasizing the development of relational capabilities and of developing the capacity of the organization as a whole to foster mutually affirming interactions and caring relationships.

Third, focusing on dynamics that *produce* well-being, even in toxic environments, may offer a seed of hope and new insights about how to enhance existing levels of well-being. Organizational members may find such an approach to be more energizing than trying to 'fix' everything that is wrong. I must emphasize here that I am not suggesting that factors that impair well-being should be ignored; rather, I am suggesting that focusing on 'what's working' might be a more effective place to begin.

Creating and Sustaining Caring Relationships in Organizations

The study findings complement and extend extant research on positive relationships in organizations. Specifically, the notion of a caring relational landscape and the collective patterns of relating through which its caring nature is created and sustained extend current understandings of how positive (in this case, caring) relationships are birthed and nourished within organizational settings.

The study reveals the 'flip side' of Kahn's (1998; 1993) dysfunctional relational systems and flows of caregiving and Fletcher's (1998) explication of how relational practices were 'disappeared' in an engineering firm that prized individualism and competition. Study of the VHCC has provided an opportunity to explore a highly functional system in its entirety, including all members and the complex and fragile landscape of relationships in which they are embedded. Findings reveal the importance of looking beyond dyadic patterns of relating to the ways in which organizational members collectively construct and maintain a caring relational landscape that nourishes positive and caring relationships from which well-being stems. In particular, the findings point us toward surfacing and understanding the principles, values, and assumptions that members construct and enact, and how these principles shape possibilities for positive and caring relationships to flourish. They also point us toward understanding the nature of differences and dialectical tensions that organizational members face in perpetuating an environment that nurtures caring and positive relationships, and how they successfully (or not) navigate them.

Practical Implications of Creating and Sustaining Caring Relationships.

From a practical perspective, the findings offer insight into the organizational conditions and processes through which well-being-conducive relationships and interactions might be nurtured and sustained over time. At heart is the ongoing construction and sustenance of a caring relational landscape through successful navigation of the dialectical tension between communion (a shared sense of "we-ness" and cohesion) and individuality. When this tension is successfully navigated, people can feel both that they are part of a valued collective *and* that they are recognized and appreciated as a unique, contributing part of the whole. Feeling seen, heard, and valued, they are then able to extend their interests and energies outward, toward the well-being of others.

Creating a shared sense of communion that extends across hierarchies, disciplines, and departments while still honouring the uniqueness of each member is no easy task. Study of the VHCC does, however, offer insight into several domains of action that facilitate the ongoing construction of such a phenomenon. Because each organizational setting has its unique history, people, ways of being, meanings, and practices, it is not possible to offer rules, laws, or prescriptions for fostering a caring relational landscape. Rather, generalizing from the study findings, I identify and describe three crucial and interrelated domains of action that might fruitfully be considered when striving to create a well-being-conducive environment; specific approaches within these domains will need to be determined locally. The three domains of action include: i.) cultivating principled understanding of the meaning and significance of the organization's work; ii.) building relational capability; and, iii.) creating structural conditions that support a caring relational landscape. Let me now briefly describe each domain of action.

Cultivating principled understanding of the meaning and significance of the organization's work and how it is to be accomplished. This first domain of action is foundational to the establishment of a caring relational landscape. It concerns the ongoing cultivation of a shared and principled understanding among all members and departments of the meaning and significance of the organization's work. This shared understanding, in essence, constitutes a common purpose (the basis of community!) which unites diverse people and departments into an organic and intentional sense of whole. In the VHCC, and conceivably other caregiving organizations, this takes the form of serving care seekers with excellence. Importantly, this shared, principled understanding must resonate with members in a heartfelt manner, tapping into their own interests and desires in one way or another. In addition, this understanding needs to be kept alive on a daily basis. It must be abundantly evident, for example, that this common purpose grounds all other organizational actions such as decision making, resource allocation, and conflict resolution.

Alongside a shared understanding of what is meaningful, significant, and worthy of pursuit, organizational members also need to cultivate a shared understanding about who they are as a collective, and how they shall order their social relations. Central to the construction and sustenance of a caring relational landscape is the enactment of authentically held collectivistic principles such as those we observe in practice in the VHCC: serving others, being equal, working together as a team, treating people well, and respecting, supporting, and enjoying each other. Examination of these principles reveals their orientation toward communion, yet in a way that honours individuality and the dignity of 'the other'. Central here is that these principles are truly *enacted* and not merely espoused – that is, that members consistently 'walk the talk' in their day-to-day activities. For this reason, establishing and perpetuating a caring relational landscape will be most easily accomplished in environments where collectivistic principles and practices are easily embraced; converting a competitive, individualistic relational landscape will be much more difficult and perhaps in some cases, impossible.

Building relational capability. Creation and sustenance of a caring relational landscape requires relational capability throughout the organization; that is, the capability to vigilantly attend to individual and collective patterns of relating transpiring within the relational landscape, and to nurture and fortify those patterns that are mutually affirming and caring in nature. Such work often goes unrecognized as an essential part of an organization's work. The first step, then, is to acknowledge the importance of relational work for nurturing a well-being-conducive or caring relational landscape. It will be helpful here to strive to see the organization through a relational lens – to observe what is transpiring *between* people, and to seek to understand the factors that shape these interactions. The second step is to find ways to continually build relational capability throughout the organization. This can be achieved in many ways. Study of the VHCC points to three particularly valuable strategies.

The first is to create ample opportunities for organizational members to get to know each other as *people*. This is fundamental to preservation of the individuality pole of the communion-individuality tension. Study of the VHCC reveals the value of creating time and space for informal interaction and conversation, for it is through these interactions that people come to know each other and that mutual respect, trust, empathy and support can grow. We also see the value of encouraging humour, play, and celebration for bringing people together. Over time, as people come to know each other well, a mindfulness of, and respect for, the experiences and perspectives of other individuals and departments can develop, ultimately creating a safe space for the expression of a full range of emotions and ideas. This is not an environment that requires conformity to the notion of creating a 'happy, positive' workplace where critical questioning and conflicts are suppressed. Rather, it is one that encourages expression of, and consideration of differences without fear of being embarrassed, rejected, or punished for speaking up.

A second strategy is vigilant monitoring of the relational landscape and early intervention when its caring nature begins to fray. What is the emotional tone of the landscape? How are people co-authoring the nature of the relational landscape in their language (words, metaphors, stories, for example) and actions? Forestalling or containing degenerative dynamics will help sustain the landscape's caring nature. Again, this does not mean that conflict or critical questioning should be suppressed. Much to the contrary, it means that contentious issues need to be surfaced early on and constructively addressed before they fester and spiral out of control.

Finally, none of this can be achieved without a high level of relational competence that is distributed throughout the organization. By relational competence, I mean proficiency in relating with others in ways that enable one to articulate one's ideas, interests and needs while preserving the dignity of self and other. Relationally competent actors are those who are skilled and empathetic listeners and facilitators of dialogue; they can build mutually trusting and respectful relationships; they honour and work with individual differences, striving to see the world from the perspective of 'the other'; and they skillfully work through conflicts. Relational competence can be developed in myriad ways, including formal training (in diversity, communication, and conflict resolution, for example), informal dialogue and conversation about relational issues, and informal mentoring and coaching by those with exemplary relational skills.

Creating structural conditions that support a caring relational landscape. The best of intentions and diligent action in the above domains will be futile without structural enablers of a caring relational landscape. These include, for example, adequate staffing levels; small spans of managerial control such that managers can get to know their staff well and 'be there' physically and psychologically to support and mentor them; adequate resources to accomplish the work; and ample opportunities for relational work, including not only training and mentoring, but also for informal interaction and play with co-workers. While securing additional resources for relational work may prove difficult in some organizational settings, the importance of these structural enablers of a well-being-conducive environment cannot be underplayed. Expecting organizational members to carry the burden of creating and sustaining such an environment without the provision of adequate resources will serve only to undermine, rather than enhance, their well-being.

The Humane Dimensions of Organizing – Caring Matters!

> *The measurement of humanness of a society...The basis of man's life with man is twofold, and it is one – the wish of every man to be confirmed as what he is, even as what he can become, by men; and the innate capacity in man to confirm his fellow men in this way. Actual humanity exists only where this capacity unfolds (Buber, 1957: 102, cited in Montgomery, 1993: 20).*

Finally, study of the VHCC indicates that caring relationships with co-workers and care seekers are the seedbed of well-being. In the giving and receiving of care, those receiving care come to feel accepted for who they are, and those giving care come to feel they are making a difference in others' lives. According to Buber, cited above, caring relationships are fundamental expressions of humanity. We might then, adapt Buber's words to argue that the measure of the humanness of an organization is its capacity to nurture caring relationships which in turn produce well-being among its members. But why should this concern us?

My message in this section is a loud and vigorous proclamation that in organizational life, caring and all that which is humane matters! It matters to each and every person who spends any amount of time in an organizational setting! It matters theoretically, in terms of expanding the scope of organization studies to include exploration of the impact of organizations on their members and the societies in which they are embedded. It matters also in terms of enriching and enlivening our theorizing and making it relevant beyond the interests of other scholars and managers concerned with issues of efficiency - that is, to *all* people who spend so much of their waking lives in organizational settings (Clegg, 2002).

But what might be gained from adopting a humane perspective? I suggest here that adoption of such a lens might reveal for starters, as this study has shown, a view of organizational members beyond that of the self-interested rational actor focused purely on personal gain. Rather, we see organizational members as they exhibit entirely altruistic qualities, being concerned with the welfare of others. We might explore the relationship between communion and individuality – to discover how people and organizations successfully balance this tension such that people feel sufficiently recognized and valued so they can extend their interests and energies toward the well-being of others.

Entering organizational life and seeking to understand the human(e) dimensions of organizing helps us to see organizational members in new ways. We see what is often obscured in organizational behaviour literatures (Kahn, 1998): we see the affective and relational nature of working. We begin to see who these people *are* and how they choose *to be* with one another in their work environment. We see their feelings about others at work, their strong emotional attachments to one another, and we see their strong desire to make a difference in the lives of others. And we see the strong emotional undercurrents running through them and that permeate their work environment. These insights have the potential to dramatically alter our theorizing about human behaviour in organizational settings.

Further, through a humane lens, we see work and working not as merely being about the accomplishment of established tasks and routines and procedures and the fulfillment of various roles and responsibilities. Rather, we see what people *really* do each day – relate with one another, care for one another, fight with one another – as they carry out their work together.

In short, the humane lens unearths a whole new world to discover and explore! Considering the dignity and humanity of those in our gaze does indeed, as Frost (1999) suggested, offer exciting new possibilities for enlivening and enriching our theorizing. One challenge we may face, however, is in preserving a focus on the humane such that our discoveries are not subverted and used to exploit organizational members for less-humane interests. It is my sincere hope that people reading this work, and all others of a humane orientation, will conscientiously use the findings in ways that enhance, rather than diminish, the well-being and dignity of all organizational members.

Caring Matters! From a Practical Perspective

For health organizations, this research reveals the possibilities created when all members and departments put care seekers at the centre of their gaze, and when they focus on serving and treating people well. A humane focus helps navigate the perennial tension between efficiency and hospitality that caregiving organizations face. The case of the VHCC provides some indication that both humane and economic agendas can be satisfied when the work is grounded in an ethic of caring and generosity. Operating from the perspective of generosity yields abundance rather than the scarcity inherent in economic approaches that only emphasize efficiency. But this successful navigation requires conversations about values and principles. This means then, that discussions of organizing in caregiving organizations would benefit from sincere discussions about values and principles that truly guide organizational action. This is particularly salient as governments continually strive to reform the system. As Frank (2004: 28) suggests:

> *The risk [of health reform] is that reforms will be determined by rationales of economic efficiency uninformed by underlying values. But only values can guide how we determine what it is that services are supposed to be efficient at creating. What counts as efficiency depends on what kind of relationships people want between themselves and others, or between themselves and different gradations of others. Do we want to be providers and consumers or be hosts and guests?*

Second, this research brings home a simple yet powerful message – policy makers and leaders responsible for caregiving organizations need to appreciate the value of caring. Increasingly this fundamental ground of caregiving organizations is being overshadowed by the glamour of technology and demands to 'do more with less'. But money and technology cannot touch the '*being*' of another. There are no hard measures of caring, yet we know it, feel it when it occurs. Caring is humanity in action and we need to find ways to honour, embrace, and extend that humanity, especially in caregiving organizations, lest we lose it entirely. Frank (2004) has noted that the extent to which caregiving organizations demonstrate genuine caring and generosity toward those it serves marks the extent of caring within society. What does it say of us as a society when people seeking care and generosity are processed merely as objects in systems whose mandate is healing and caring?

The study findings also indicate, as Wrzesniewski and Dutton (2005) have found, that in health organizations, caring is not the sole domain of those belonging to the caring professions. Rather, all members in the organization have the potential to care for care seekers. Caring presence requires skill, but not necessarily formal training. The capacity of caregiving organizations to serve care seekers with generosity could be exponentially enhanced by mentoring and fostering skill development such that all those who come into contact with care seekers could be a 'healing presence'.

Looking Ahead…Future Research

In terms of moving forward with new inquiries, the findings of this study have potential to take us in many directions. In this section, I present three such directions that I find intriguing.

First, the findings presented herein would be augmented by conducting similar studies in other rural caregiving facilities as well as in larger, urban facilities which are more complex in terms of structure and organizing dynamics. Further, it would be most interesting to investigate the perceptions of well-being of members in a cross-section of caregiving and non-caregiving organizations. To what extent do members across different kinds of organizations in different settings share similar perceptions of well-being? How are the relational and organizing dynamics in various settings related to members' perceptions of well-being?

Second, deeper exploration of the nature of relational landscapes, the dyadic patterns of relating that constitute them, and the collective patterns of relating that in turn shape the nature of the landscape, would be most helpful in more fully articulating relational dynamics transpiring in organizational settings that impact the well-being of their members. What do relational landscapes look like in other kinds of organizations? To what extent must a relational landscape be 'caring' in order to support caring relationships? How do some patterns of relating create fragmentation and decay of the relational landscape and how do others repair and sustain it? Probing these questions will generate deeper understanding of dynamics in organizational settings that shape the nature of relationships among members.

Third, the notion of navigating dialectical tensions is inherently intriguing, yet we know little about how organizational members navigate these tensions, and to what effect. Of particular interest is the nature of dialectical tensions that shape the capacity of caregiving organizations to care for their members and for those who seek their services, and how and to what extent members successfully navigate these tensions. Tensions that surfaced in the study of the VHCC include communion and individuality; and efficiency and generosity. There are also conceivably tensions such as those that occur between different work styles – process-oriented people and task-oriented people, for example. Further exploration of these tensions should lead to new insights regarding the management of caregiving organizations such that generosity is enabled rather than constrained.

In Closing

> *As students of organizations and organizational life, if we don't build notions of empathy, of concern for the inhabitants of the world we study, then who will? If we don't do so, we end up colluding with those for whom any such notions are beyond paradigmatic understanding.* (Frost, 1999: 131)

On occasion, I have been told that my research is 'fluffy'. Indeed, there have been times when I have wondered about my 'fit' as an organizational scholar, given my predilection for understanding things of a relational and humane nature. But Frost's words above, and the support of valued colleagues, have sustained me in those times.

For, if those of us who care about these matters keep silent, then we do indeed collude with those who would prefer to avoid the humane and messy dimensions of organizing. The cost of this is that our theorizing and practical value as scholars is diminished. Forging ahead with a humane perspective, I have discovered, requires courage and perseverance. And yet, the journey is well worth the effort.

Caring – and all that which is humane - is an art and not a science – it cannot be reduced to algorithmic best practices – broken down into prescriptions of the 'right' next actions. Just as we cannot reduce the strokes of the artist's brush, the writer's pen, or the sculptor's hands to circumscribed actions, we cannot separate the artist from the artistry – the intermingling of heart, soul, emotion and skill - from observable actions and the response that is produced differently in other hearts and souls. But this does not mean we should simply dismiss caring and relating and other humane dimensions of organizing as irrelevant fluff in the busy-ness and business of everyday organizational life. Rather, we need to find new ways to honour the crucial importance of caring in organizing – to find new language that makes visible and valuable that which brings the humane into our organizational lives, and to find new ways to embrace this complexity and ambiguity in our studies. Most likely this means surrendering our distant and objective stance and truly entering organizational life *with* its participants and becoming part of that world, at least for a while – not as an outside expert but as a naïve newcomer with a spirit of openness and inquiry. It also means reflecting deeply on our place and role as scholars. Just as Fletcher (1998) observed an organization rendering relational practices invisible, have we as scholars similarly 'disappeared' these relational and humane dimensions of organizing? Have we focused so much on tasks and roles and structures that we have missed the most important feature of working (for workers at least) – relationships? At what cost? How has our theorizing been distorted by this neglect?

Although the travel of ideas from our desks to practitioners' worlds may at times be long and tortuous, we must not lose sight of the fact that our theories touch real people and real organizations. Let us hope our theorizing touches people in ways that are humane, generous, and generative.

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APPENDICES

Appendix A

Hello! My name is Kathy GermAnn. I am a former health worker and now PhD student working with the Health Organization Studies group at the University of Alberta School of Business. I am about to begin my dissertation research, which will focus on the well-being of health workers within the context of continuous change. I am interested in the various aspects of working that nourish well-being, particularly the relationships that develop among people in the workplace. As you can see, my focus is on the positive – on well-being rather than on stress, illness, disease or injury. My philosophy is that by looking to the sources of well-being in working we can shed new light on how healthier work environments can be created.

The kind of information I am seeking can only be gained by becoming part of a work environment over an extended period of time. I have been given the opportunity by your managers to spend two or three days a week over the next four to six months as a researcher/volunteer in the Valleytown Hospital and Care Centre. As such, I plan to act as a volunteer throughout the facility so I can meet and talk with workers, assist them as any volunteer might, and learn about Valleytown's culture in the process. At the same time, I invite you to participate in my research, which will consist mostly of my observing daily life in Valleytown and interviewing staff and managers about their ideas and experiences regarding well-being and working.

So, you may see me 'hanging around' your work area. I am at your service as a volunteer! Use me! As far as my research goes, you are under no obligation to take part in this study, and I must obtain your written permission before I can collect any information from you. If you agree to participate in the study, all information you provide me will be kept confidential.

I am really looking forward to my "Valleytown Experience"!

Appendix B

Achieving Well-being Through Working: A Relational Perspective
Research Information Sheet

My name is Kathy GermAnn. I am a former health worker, and now PhD student working with the Health Organization Studies group at the University of Alberta's School of Business. I would like to invite you to participate in a study about how various aspects of working influence the well-being of health workers. This research constitutes my doctoral dissertation work and falls under the umbrella of a program of research looking at organizational change in Alberta's health service delivery system.

In this study, data may be collected in several forms, including:

i.) **Observation** – I will spend two to three days a week over the next four to six months in the Valleytown Hospital and Care Centre as a researcher/volunteer. Here, the focus is on gaining an understanding of the culture of the work environment and practices that contribute to well-being.
ii.) **Individual and/or Group Interviews** – these will focus on gaining understanding of the culture and working practices of your work environment, and different perspectives on what contributes to the well-being of health workers.
iii.) **Photographs** – you may be invited to take photographs (I will supply the materials and look after processing) of aspects of your work environment that contribute to your well-being, and/or the well-being of your work group.
iv.) **Analysis of documents** – this involves review of documents created by the DTHR and the Valleytown Hospital and Care Centre, such as mission and vision statements; statements of values and principles, annual reports, newsletters, and so on.

I expect the findings of this research to make a significant contribution to our understanding of how the well-being of health workers can be nurtured. With this knowledge, we will be better able to assist health care policy makers, managers, and front line workers to create healthier workplaces, and provide researchers with a stronger foundation for examining employee well-being in other contexts.

This form is to provide you with assurance on the following points:

Participation in this study is voluntary. You are under no obligation to participate in this study. If at any time you decide you do not wish to be part of the study, you may indicate this to me. You do not need to provide a reason, and you will not experience any harm or retribution as a result of your withdrawal. You may also choose to participate in some data collection activities and not others. You may choose to withdraw even after signing a consent form. If you withdraw after the beginning of the study, you may request that your information not be included in the information that is analyzed in the research.

Confidentiality and anonymity. Any information that is collected from you, and that can be identified as having come from you, will remain confidential. I will compile all of the data I collect and only include in the papers I write themes that emerge from the data. The information and findings of this study will be published and presented at conferences, but names or other information that will identify you personally will not be used. Only my advisor (Karen Golden-Biddle) and I will have access to the raw data collected in this study.

I am required to keep the data safe and secure in a locked file for a minimum of 7 years after it is collected. After this time, data will be preserved only if it can be made completely anonymous.

Time commitment. The amount of time required of you in this study will vary depending on the extent to which you wish to participate. If you are willing to be interviewed, this would take 30-60 minutes. You may be invited to participate in more than one interview over the four to six month period of the study.

Other than the time commitment described above, I anticipate no burden to you from your participation in this research.

If at any time you have questions or concerns about this study, you may contact me or one of the contact people at the numbers below. They would be most happy to address any questions or concerns you may have.

Thank you!
Kathy GermAnn M.Sc. (Health Promotion); B.Sc.N.
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Appendix C

Achieving Well-being Through Working: A Relational Perspective

Individual Consent Form – Observation

This consent form is about allowing the researcher (Kathy GermAnn) to conduct observations in your work environment. Your consent means you agree to allow the researcher to observe interactions among yourself and other people (excluding patients/residents or their family members) in your work environment. This may include informal conversations with the researcher. In this process, the researcher will keep notes, but will not use your name. You do not need to do anything other than conduct your activities as you normally would.

Your participation in this study is **voluntary**.

Confidentiality and anonymity. Any information that is collected from you, and that can be identified as having come from you will remain confidential. Raw data (e.g. researcher notes, records of interviews) collected in this study will be coded and stored in a locked file cabinet so that only the researcher (Kathy GermAnn) and her advisor (Karen Golden-Biddle) will have access. The information and findings in this study will be published and presented at conferences, but names or other information that will identify you personally will not be used.

Right to withdraw information. You have the right to request that any information about yourself, or personal statements by you, can be deleted from the researcher's records at any time. You do not need to provide a reason for this, nor will you experience any harm or retribution as a result of withdrawal of your information.

This study was explained to me by ______________________ (Name of researcher)

☐ I consent to having Kathy GermAnn conduct observation in my work environment.

______________________________ ______________________

Signature of Participant Date

____

Printed Name of Participant

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

______________________________ ______________________

Signature of Researcher Date

____

Printed Name of Researcher

Appendix D

Achieving Well-being Through Working: A Relational Perspective

Individual Consent Form – Interviews

This study was explained to me by ______________________________ (Name of researcher)

Your participation in this study is **voluntary**.

Confidentiality and anonymity. Any information that is collected from you, and that can be identified as having come from you will remain confidential. Raw data (e.g. researcher notes, records of interviews) collected in this study will be coded and stored in a locked file cabinet so that only the researcher (Kathy GermAnn) and her advisor (Karen Golden-Biddle) will have access. The information and findings in this study will be published and presented at conferences, but names or other information that will identify you personally will not be used.

Right to withdraw information. You have the right to request that any information about yourself, or personal statements by you, can be deleted from the researcher's records at any time. You do not need to provide a reason for this, nor will you experience any harm or retribution as a result of withdrawal of your information.

Interview

☐ I consent to this interview and having it tape-recorded

☐ I consent to this interview but **not** having it tape-recorded

______________________________ ______________________

Signature of Participant Date

____

Printed Name of Participant

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

______________________________ ______________________

Signature of Researcher Date

____

Printed Name of Researcher

Appendix E

Achieving Well-being Through Working: A Relational Perspective

Individual Consent Form – Photography

For the purposes of the above named study, the researcher will invite study participants to take photographic images of aspects of their work environment that contribute to individual and/or group well-being. These photographs may include images of people (but NOT patients/residents or their families). It is necessary that each person who is photographed must consent to having his/her picture taken. The photographs taken will be shared with other members of the work unit to foster conversations about what fosters well-being in your work unit.

This study was explained to me by ________________________________ (Name of researcher)

Your participation in this study is **voluntary**.

Confidentiality and anonymity. Any information that is collected from you, and that can be identified as having come from you will remain confidential. Raw data (e.g. researcher notes, records of interviews) collected in this study will be coded and stored in a locked file cabinet so that only the researcher (Kathy GermAnn) and her advisor (Karen Golden-Biddle) will have access. The information and findings in this study will be published and presented at conferences, but names or other information that will identify you personally will not be used.

Right to withdraw information. You have the right to request that any information about yourself, or personal statements by you, can be deleted from the researcher's records at any time. You do not need to provide a reason for this, nor will you experience any harm or retribution as a result of withdrawal of your information.

☐ I consent to be photographed for the purposes of the above-named study.

________________________________ ____________________

Signature of Participant Date

____

Printed Name of Participant

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

________________________________ ____________________

Signature of Researcher Date

____

Printed Name of Researcher

Appendix F

Achieving Well-being Through Working: A Relational Perspective

Individual Consent Form – Meeting Observations

This study was explained to me by ______________________________ (Name of researcher)

Your participation in this study is **voluntary**.

Confidentiality and anonymity. Any information that is collected from you, and that can be identified as having come from you will remain confidential. Raw data (e.g. researcher notes, records of interviews) collected in this study will be coded and stored in a locked file cabinet so that only the researcher (Kathy GermAnn) and her advisor (Karen Golden-Biddle) will have access. The information and findings in this study will be published and presented at conferences, but names or other information that will identify you personally will not be used.

Right to withdraw information. You have the right to request that any information about yourself, or personal statements by you, can be deleted from the researcher's records at any time. You do not need to provide a reason for this, nor will you experience any harm or retribution as a result of withdrawal of your information.

☐ I agree to allow the researcher to observe meetings for the purpose of this study, with the understanding that I can request that the researcher be asked to leave a meeting during the discussion of sensitive issues, or if I become uncomfortable continuing discussions in the researcher's presence.

______________________________ ______________________

Signature of Participant Date

____

Printed Name of Participant

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

______________________________ ______________________

Signature of Researcher Date

____

Printed Name of Researcher

Appendix G

Soaring Together: An Inquiry into the Co-Generation of Well-Being Through Working

Interview Guide
June 9, 2005

Overview of the research – I'm interested in what well-being means to people here and to what extent and how they find well-being through working here. Am also interested in relationships with people here as a source of well-being and exploring the kinds of dynamics that nurture and sustain well-being. But I am pretty open and we can go wherever we want in our conversation.....

1. **Personal history, background.**

   A good place to start might be with learning about your background – your work history; how long you've been here...your key responsibilities...

2. **Meaning of well-being; working and well-being.**
   a. What does 'well-being' mean to you?
   b. To what extent does working here add to your well-being?
   c. *How* does working add to your well-being? Seek specific examples; stories.

3. **About working in Valleytown.**
   Can you tell me what it's like for you working here?
   Probes:
   a. What are the joys of working here? [Probes: the work itself, the way the work is organized; the people; other things?]
   b. What are the challenges?
   c. What does working here mean to you? [How is it significant in your life?]

3. **Impact of relationships in the workplace on well-being.**
   To what extent would you say the relationships you have with people here impact your well-being? How do they impact your well-being?

   Is there a particular relationship(s) that add to your well-being?
   Can you describe your relationship with this person?
   a. How long have you known each other? How did you get to know each other? Do you know each other outside of work?
   b. How do you feel when you are interacting with this person?
   c. Describe an interaction you've had lately with this person that added to your sense of well-being. What was it about this interaction that enriched your well-being?

d. How does this relationship impact your well-being? [Examples?] Probes:
    i. Can you think of a time when this person really did something that added to your well-being? Describe the situation and what s/he did.
    ii. Can you think of a time when you did something that added to his/her well-being? Describe the situation and what you did.

e. From my experience, every relationship has its ups and downs – the key is finding a way to deal with the 'downs' part. Have you had any difficult times in the relationship? Any conflicts? How did you overcome these? What helped you to do this successfully?

f. Are there similar or different dynamics in the relationships you share with other people you work with? Explore similarities and differences if applicable.

g. What about your relationship with your manager? Similar or different from the relationship(s) you just described?

h. On a broader level, what day-to-day practices, actions, rules or other factors nurture positive relationships here?

4. **Work unit or facility-wide dynamics.**

Now I'd like to look more broadly at the dynamics within your work unit [or facility] as a whole:

a. If we were to describe Valleytown [or your work unit] as a web of relationships, what words would you use to describe the web?

b. How would you describe the 'chemistry' or 'emotional tone' or feeling of Valleytown [or your work unit]? What day-to-day practices, actions, rules or other factors shape it to be this way? [Nature of the work? The way the work is organized? The way people interact with each other?]

c. For members of FLT: talk about chemistry within the team as above

5. **Collective well-being.**

a. I am wondering if there is such a thing as 'collective well-being'? Do you think there is? Do you experience it here? How would you describe it? What nurtures and sustains it?

b. What elevates it? What causes it to deteriorate?

c. How is it/can it be sustained?

d. One way I'm thinking about this is in terms of 'generative spirals' where the energy of positive relationships fosters more positivity or caring, in contrast to 'degenerative spirals' in which negativity sucks people down – can be in relationships or entire groups..... What kinds of things keep the spiral going upward vs sinking down.....?

6. **For managers:**

a. In your mind, what are some key principles or practices for managing in a way that nurtures the well-being not only of patients/residents, but also the well-being of people who work here? For nurturing positive relationships among people who work here?

   b. Do you ever have to choose between keeping workers happy and giving patients/residents what they need? How do you keep both happy/well?
   c. What would a new manager here have to learn/know in order to fit in well here?

7. **Anything else** I should have asked or that you would like to say?